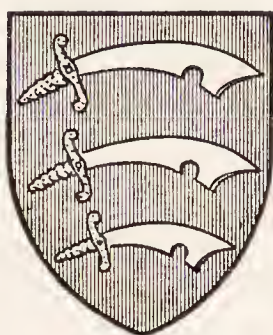


LXXVI
1965

COUNTY COUNCIL OF ESSEX



REPORT

OF THE

County Medical Officer of Health


FOR THE YEAR

1965

J. A. C. FRANKLIN

M.B., B.S., D.P.H.

COUNTY MEDICAL OFFICER OF HEALTH



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PREFACE

COUNTY HALL
CHELMSFORD

Telephone : CHELMSFORD 53233

October, 1966

To the Chairman, Aldermen and Councillors of the County Council of Essex

Mr. Chairman, My Lord, Ladies and Gentlemen,

This, the seventy-sixth Annual Report of the County Medical Officer of Health, is the first report covering a complete year since I took up office on 1st April, 1964.

The main event of 1965 was, of course, the coming into operation of the London Government Act, 1963, on 1st April which had the effect of reducing the population of the Administrative County by some 47 per cent. (although the acreage reduced by only seven per cent.). I need hardly say that a great deal of preparatory work took place before the actual date of changeover. Indeed, in one way and another we in the Health Department had been involved in the re-organisation of London Government for some seven years. The Royal Commission which led to the passing of the Act was set up in December 1957 and they reported in October 1960. During 1958 and 1959 much effort was undertaken by staff of the Department in preparing information and statements for the Royal Commission.

The problems involved in the transfer were first considered as long ago as April 1962, following the Government's substantial adoption of the Royal Commission's Report and the work continued until the date of changeover.

The task would have been much more difficult both for the County Council and for the new authorities if it had not been for the scheme of decentralised administration, introduced when the National Health Service came into operation in 1948, which meant that the day-to-day administration of most of the local health services was already being dealt with locally in districts which were to become parts of new London Boroughs (Romford, Barking, Dagenham, Ilford, Leyton and Walthamstow) as well as in the remainder of Essex. So far as the rest of the Greater London area is concerned (Hornchurch, Wanstead and Woodford, Chingford and the Hainault Estate in Chigwell—all of which also became parts of new London Boroughs) the matter was not quite so straightforward since they formed portions of areas which were to remain in the new County of Essex and in respect of which new schemes of decentralised administration had to be devised.

A Working Party of Officers representing the London Boroughs and the County Council met in September 1963 to consider the transfer of properties—a large number of clinics, day nurseries, nurses' houses, training centres, etc., and a great measure of agreement was reached upon procedure to be followed. This led, with very few difficulties, to corresponding agreements on transfer of

staff. It was, for example, obvious that all staff who could be said to be attached to transferable premises (i.e. day nursery and training centre staff, clinic caretakers and cleaners, etc.) would be transferable with the premises.

Nevertheless, the majority of staff concerned were not attached to premises but were "field" workers, e.g. medical and dental officers, health visitors, midwives, home nurses, domestic helps, etc., but except in a very few cases where an individual worked in more than one area, which required special consideration, there was a clear case for transferring staff to the London Borough covering the area in which they had previously carried out their duties.

Unlike other services which were transferred to London Boroughs, the County Ambulance Service serving the area in question was transferred to the Greater London Council and this involved the latter authority taking over the Ambulance Stations at Romford, Dagenham, Leyton and Ilford (including Control) and being allowed to use temporarily the Buckhurst Hill Ambulance Station, as explained elsewhere in this report.

The size of the whole transfer operation, so far as the Health Department was concerned, may be seen from the following approximate figures:—

(a) Transferred to London Boroughs:—

- 2,800 personnel (whole-time and part-time)
- 180 properties
- 80 motor vehicles

(b) Transferred to the Greater London Council:—

- 275 personnel
- 4 large ambulance stations
- 100 motor vehicles

The years of careful preparation proved their worth when the 1st April, 1965, was finally reached and this great change in the structure and administration of the Department was seen to take place quite smoothly.

Since, as already mentioned, not all of the areas transferred to London Boroughs were self-contained administrative units, it was necessary to re-cast the constitution of some of the Health Areas remaining in Essex. There are now six Health Areas (each with a Sub-Committee of the Health Committee) and two Delegatee Authorities (Colchester Borough and Basildon Urban District) details of which are given on page 27.

One aspect of this matter which I would like to mention here, however, concerns the difficulties experienced when it became necessary to move the administrative centre of the new West Essex Health Area, which was temporarily housed in the Offices in Woodford of the former Forest Health Area, to Harlow. Suitable ad hoc accommodation could not be found and it became necessary to erect with the minimum of delay, and within the limitations upon office building laid down by the Control of Office and Industrial Development Act, 1965, a temporary demountable building in the grounds of the Moot House Community Centre, Harlow. Thanks to the co-operation of everyone concerned this was speedily achieved and the new office was set up towards the end of 1965.

The mid-1965 population of the new County was 1,054,850, showing an increase of 28,670 over the previous 12 months. The live birth rate was 19·1 per thousand population compared with 19·4 in 1964, although the number of live births registered was actually greater than in 1964. As set out in later pages, the stillbirth rate (13·2 per thousand births) was the lowest ever recorded but the infant mortality rate (17·1 per thousand births) was a little higher than the previous year (16·4). Maternal deaths numbered 2, giving a very favourable rate of 0·10 per thousand compared with the national average of 0·25.

The death rate from all causes was 9·9 per thousand population compared with 9·8 in 1964 and 10·6 in 1963. I should like to draw special attention to the number of deaths from motor vehicle accidents in the area of the new County which increased from 110 in 1963 and 128 in 1964 to 141 in 1965.

Details are given in the Report of two important new services upon which a great deal of preparatory work was undertaken in the year under review—the Audiology Service and the Cervical Cytology Service, the former aiming at the early diagnosis of defective hearing in young children in order that treatment may be provided at the earliest possible moment to ensure the best prospect of success, and the latter directed towards the routine screening of women in the detection of cervical cancer also with the object of arranging early treatment.

A number of minor but significant developments in the Ambulance Service are reported, including the continued extension of the newly-introduced arrangements for appointing Transport Officers at the larger hospitals jointly with Hospital Management Committees.

Once again, there is much to recount on developments in the Mental Health Services. In addition to the details given in the Report, a commentary is included in Appendix II, in which Dr. M. E. York-Moore, Principal Medical Officer, reviews some aspects of the progress made over the five years since the Mental Health Act, 1959, came into operation.

A point upon which I should like to touch concerns the hostels for subnormal adults and children in Colchester at which the demand for beds, particularly for children, is increasing. This demand has of course been taken fully into account when planning future accommodation but it gives rise to concern having regard to the increasing number of severe cases for whom places are urgently requested, many of whom are, in fact, unsuitable for hostel care and for whom only a hospital could provide proper facilities. This throws into sharp relief the inadequacy of hospital provision for the severely subnormal although the Medical Superintendents of the two Essex hospitals concerned do all they possibly can to help.

Until such time as more hospital beds are provided there will continue to be undue pressure on the hostel accommodation and a heavy additional load on the domiciliary Mental Health Services, especially in endeavouring to provide

sufficient help and support in the home in an effort to prevent families from breaking up because of the effects of trying to cope with this type of case in totally unsuitable surroundings.

I should like also to refer to Appendix I concerning an outbreak of jaundice in Epping in February 1965, subsequently traced to a sack of whole-meal flour which had become accidentally contaminated. I have to thank the Medical Officer of Health for Epping, Dr. I. Ash, and his co-authors for permission to reproduce this most interesting paper.

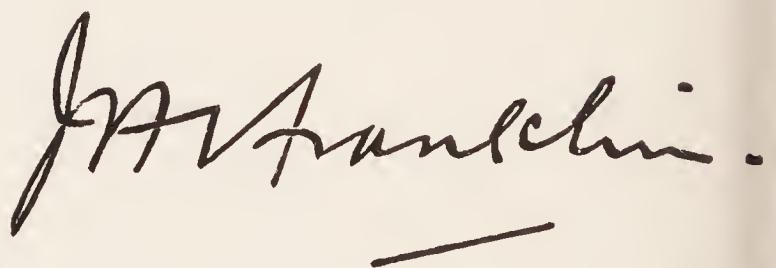
The Report of the Chief Dental Officer again shows many developments in spite of the continuing shortage of dental officers and I wish to draw attention particularly to the following passage in that Report with which I heartily agree:—

“ The staggering incidence of dental decay (more than four out of five new entrants to school need treatment) is such that all ethical measures possible should be employed to combat this most prevalent of all complaints, and the endeavours of the staff are such that children should leave school without the loss of permanent teeth, free from dental disease, and trained in the care of the teeth. They should be aware of, and enthusiastic about, the advantages of a good, natural dentition, and parents should have knowledge to pass on advice in these matters to their children by practice as well as precept. The three-fold advantages of good, natural teeth—maximum clarity of speech, maximum chewing efficiency and a remarkably good cosmetic effect—are well worth striving for, and well worth the discipline involved.”

In conclusion, I have pleasure once again in expressing my gratitude to the Chairman, and Members of the Health Committee for their unfailing support and to all members of the staff of the Department for their hard work and loyalty in a year in which the re-organisation of London Government was bound to have an unsettling effect. The fact that the changeover took place so smoothly reflects much credit on everyone who was in anyway affected.

I am, Ladies and Gentlemen,

Your obedient Servant,

A handwritten signature in dark ink, appearing to read 'J. A. Franklin'. The signature is fluid and cursive, with a long horizontal stroke at the end.

County Medical Officer of Health

COUNTY COUNCIL OF ESSEX

HEALTH COMMITTEE

(as at 31st December, 1965)

Chairman—Alderman O. L. OXLEY

Vice-Chairman—Councillor A. J. DAVIDSON

County Council Members—

Aldermen—

Mrs. E. F. M. Brewster
*Sir George Chaplin, C.B.E., J.P.
Mrs. E. Coker, B.Sc.
*K. E. B. Glenney, O.B.E., J.P.

J. Martin, B.E.M., J.P.
*S. Woodfull Millard
G. S. Tilbury
H. R. Turner

Councillors—

F. W. Aylmore
J. E. Daniels
Mrs. M. R. Davey
Mrs. M. E. Edwards
Mrs. M. M. Gray
W. F. Hewett
Mrs. E. E. Hockley
F. W. Hyde
J. A. Isgrove
Mrs. E. R. Komlosy
J. M. Norris

Miss D. A. Nicolls
Mrs. V. M. Palmer
W. C. Redbond
R. E. Robertson
Mrs. F. J. Sidebotham
Mrs. E. M. Tuck
D. M. Warner
G. C. Waterer
D. V. Wilson
E. T. Wootton
W. R. Wright

Other Members—

Appointed by the County Council—

Mr. A. J. Belton

Mrs. J. L. Robinson

Miss E. M. Tindall, M.B.E.

Nominated by Other Bodies—

Councillor Mrs. M. Bach
H. E. Bates, M.M., J.P.
Alderman C. E. Child
Mrs. F. M. Cottee, J.P.
Mrs. D. M. Dixon
Mrs. B. E. Double, O.B.E., J.P.
Dr. S. C. Emerick

Councillor M. B. Jones
Capt. G. E. M. Kemball
Mrs. R. Moreton Monks
Mrs. L. M. Scott
C. F. Thirkettle
Major I. G. Cameron-Webb

**Ex-officio* Member

STAFF OF THE HEALTH DEPARTMENT

(as at 31st December, 1965)

1. CENTRAL OFFICE

County Medical Officer of Health :

J. A. C. FRANKLIN, M.B., B.S., D.P.H.

Deputy County Medical Officer of Health :

R. D. PEARCE, M.R.C.S., L.R.C.P., D.P.H.

Principal Medical Officers :

ELIZABETH M. SEFTON, M.R.C.S., L.R.C.P., D.C.H., D.P.H.,
M. E. YORK-MOORE, M.B., B.S., M.R.C.S., L.R.C.P., D.(Obst.), R.C.O.G., D.P.M.

Assistant Medical Officer :

*LILIAN BATES, M.D.(Paris), D.P.H.

Medical Superintendent, Royal Eastern Counties Hospital :

*RALPH BATES, F.R.C.S., D.P.M.

Chest Physicians :

(Joint appointments with Regional Hospital Boards)

*J. T. BROWN, M.B., Ch.B., D.P.H.

*R. C. COHEN, M.D., B.S., D.P.H.

*M. J. GREENBERG, M.A., M.B., B.Chir., M.R.C.P., M.R.C.S.

*E. RHYS JONES, B.Sc., M.B., B.Ch., M.R.C.P.

*F. KELLERMAN, M.D., L.R.C.P., L.R.C.S.

*VIVIEN U. LUTWYCHE, M.D., M.R.C.P.

*E. G. PYNE, M.B., Ch.B., D.P.H.

*E. G. SITA-LUMSDEN, M.A., M.D., M.R.C.P.

*E. WOOLF, M.R.C.S., L.R.C.P.

Chief Dental Officer :

J. BYROM, L.D.S.

Superintendent Nursing Officer :

MISS F. S. LEADER, S.R.N., S.C.M., Q.N., H.V. Cert.

County Domestic Help Organiser :

MISS G. H. JENKINS

* Part-time officer

County Health Inspector :
S. E. WILLIS, M.A.P.H.I., M.I.P.H.E., F.R.S.H,

Assistant County Health Inspectors :
W. J. HODGKINS, M.A.P.H.I., M.R.S.H.
M. E. ROUSELL, M.A.P.H.I., M.R.S.H.

Technical Assistant :
A. G. CHAMBERS

Sampling Officer :
L. A. ROWLANDS

County Ambulance Officer :
R. A. CUPIT (commenced 1.3.65)

Assistant County Ambulance Officer :
J. R. PEACHAM

Supervising Mental Welfare Officer :
K. M. SKINGLEY

Organiser of Training Centres :
D. J. NORRIS

Health Education Organiser :
C. E. WILLIAMS, M.R.S.H.

Assistant Health Education Organiser :
H. BRADLEY

Statistician :
W. H. LEAK, B.A., F.S.S.

Chief Administrative Officer :
J. G. COX

Principal Administrative Assistant :
E. W. AMOS

Senior Administrative Assistants :
D. C. PARKER
H. GIBSON
C. E. BODEN, D.M.A.

Administrative and Clerical Staff :
57 whole-time and 2 part-time

2. CENTRALLY ADMINISTERED SERVICES

Ambulance Service :

Area Superintendents	4
Assistant Area Superintendent	1
Control Supervisor	1
Controllers	5
Assistant Controllers	4
Control Operatives	7
Clerk Telephonists	7
Station Officers	5
Head Drivers	18
Driver Attendants	253
Area Clerks	2
Transport Officers	2

Mental Health Service :

Area Psychiatric Social Workers	4
Senior Mental Welfare Officers	5
Mental Welfare Officers	11
Trainee Mental Welfare Officers	6
Training Centre Supervisors/Managers	10
Training Centre Senior Assistant Supervisors/Instructors	4
Training Centre Assistant Supervisors/Instructors	37
Hostel Wardens	4
Hostel Deputy Warden	1
Hostel Assistant Wardens	14

3. MEDICAL OFFICERS OF HEALTH OF AUTHORITIES WITH DELEGATED POWERS

Colchester M.B.C.	*JOHN D. KERSHAW, M.D., B.S., D.P.H.
Basildon U.D.C.	*P. X. O'DWYER, M.B., B.Ch., D.P.H.

* Part-time Officer

4. AREA MEDICAL OFFICERS

North-East Essex	*JOHN D. KERSHAW, M.D., B.S., D.P.H.
Mid-Essex	*J. L. MILLER WOOD, V.R.D., M.R.C.S., L.R.C.P., D.P.H.
South-East Essex	*G. G. STEWART, M.R.C.S., L.R.C.P., D.P.H. (Acting)
West Essex	*I. G. YULE, M.B., Ch.B., D.C.H., D.P.H.
Harlow	*I. ASH, M.D., D.P.H.
Thurrock	*T. D. BLOTT, B.Sc., M.B., B.S., D.P.H.

*Part-time Officer

5. DELEGATED AND DECENTRALISED SERVICES

						<i>Establishment</i>	<i>No. employed (equivalent whole-time)</i>
Administrative and Clerical	.....	.....	.....	.....		154	149.2
Area Dental Officers	.....	.....	.....	.....		8	8
Assistant County Medical Officers	.....	.....	.....	.....		34.25	27.7
Chiropodists	.....	.....	.....	.....		31	20
Clinic Clerks	.....	.....	.....	.....		36.65	35.7
Day Nursery Matrons	.....	.....	.....	.....		6	6
Day Nursery Deputy Matrons	.....	.....	.....	.....		6	6
Day Nursery Wardens	.....	.....	.....	.....		5	5
Day Nursery Nurses and Nursery Assistants	.....	.....	.....	.....	}	33	45*
Day Nursery Students in training	.....	.....	.....	.....
Dental Officers	.....	.....	.....	.....		40	30
Dental Surgery Assistants	.....	.....	.....	.....		46	31.9
Domestic Helps	.....	.....	.....	.....		—	704
Domestic Help Organisers	.....	.....	.....	.....		17	17
Health Visitors, Tuberculosis Visitors and Clinic Nurses	.....	.....	.....	.....		201	175.7
Mental Welfare Officers	.....	.....	.....	.....		4	3
Midwives, Home Nurse Midwives and Home Nurses	.....	.....	.....	.....		322.5	294.2
Non-Medical Supervisors of Midwives and Superintendents of Home Nurses	.....	.....	.....	.....		7	7
Occupational Therapist	.....	.....	.....	.....		1	—
Oral (Dental) Hygienists	.....	.....	.....	.....		2	—
Superintendent Health Visitors	.....	.....	.....	.....		7	7
Training Centre Supervisors	.....	.....	.....	.....		2	2
Training Centre Assistant Supervisors and Instructors	.....	.....	.....	.....		11	11

* 3 Students equivalent to 1 Nursery Nurse or Nursery Assistant.

SECTION I—STATISTICAL

As requested by the Ministry of Health, certain vital statistics relating to mothers and infants are given below. The statistics given for 1964 and earlier years throughout this section are roughly comparable to the 1965 figures, being calculated on the same County Districts but no allowance had been made for the reduction in population in two County Districts (estimated at 7,050 in Chigwell U.D. and 30 in Saffron Walden R.D.) consequent on boundary changes which came into force on 1st April, 1965.

Live Births—		1965	1964
Number	.....	20,096	20,071
Rate (per 1,000 population)	.....	19.1	19.0
Percentage registered as illegitimate	.....	5.3	4.4
Stillbirths—			
Number	.....	269	331
Rate (per 1,000 births)	.....	13.2	15.5
Total Births (live and still)	.....	20,365	20,334
Infant Mortality—			
Number of deaths under one year	.....	343	331
Rate per 1,000 live births (all infants)	.....	17.1	16.0
Rate per 1,000 live births (legitimate infants)	.....	16.8	15.5
Rate per 1,000 live births (illegitimate infants)	.....	21.7	26.6
Neonatal (first four weeks) mortality rate	.....	11.6	11.1
Early neonatal (first week) mortality rate	.....	9.9	10.0
Perinatal (stillbirths and first week) mortality rate	.....	22.9	25.5
Maternal mortality (including abortion)—			
Number of deaths	.....	2	1
Rate per 1,000 total births	.....	0.10	0.05

Most of these statistics are commented upon in detail elsewhere in the Report. In Table I on page 97 will be seen details of the population and principal vital statistics for Health Areas and County Districts including the two Districts with delegated powers. Details of deaths by cause are given for different age groups in Table II and for County Districts in Table III. Table IV gives the age distribution of deaths in each County District and Health Area.

The remainder of this section is devoted largely to discussion of the figures in Tables I-IV.

Population

The Registrar General's estimated mid-1965 population of the Administrative County was 1,054,850 compared with 1,033,260 in the same County Districts a year previously and 1,026,180 when allowance is made for boundary changes. The annual increase was 28,670 compared with 29,160 the previous year. The natural increase of the population was 9,602 in 1965 compared with about 9,900 in 1964, and the net migration may be estimated at about 19,000 only marginally fewer than in 1964. North-East Essex, Mid-Essex and South-East Essex.

East Essex each gained over 4,000 people by migration, but in each case these were slightly smaller gains than the previous year. The districts to show significant increases were the Borough of Colchester and the Urban Districts of Basildon, Clacton and Harlow.

Births

The number of *live births* registered during the year was 20,096 giving a crude live birth rate of 19·1 compared with 19·4 in 1964 and 19·1 in 1963. In spite of the reduction in birth rate, the first for many years, more live births were registered in 1965 than in 1964.

For comparison with the rate for England and Wales, it is necessary to make an adjustment for the way in which the sex and age distribution of the local population differs from that of England and Wales. The adjusted rate for the County was 18·5 compared with the national rate of 18·0.

The trend in births and birth rates is given in Figure 1 on page 109. During the last five years there has been little change in the number of births in the Urban Districts which include the new towns of Basildon and Harlow. With a continually rising population this has caused the birth rate to fall from 26·2 in 1961 to 21·6 in 1965. In the remainder of the County, the number of births has increased by about 20 per cent. since 1961 and the birth rate from 17·1 in 1961 to between 18·5 and 18·6 in 1964 and 1965.

The number of births registered as *illegitimate* was 1,078 (17 of which were stillborn). This was 5·3 per cent. of the total number of births compared with 4·9 per cent. in 1964 and 4·4 per cent. in 1963. The illegitimate rate in Essex remained well below that for the country as a whole.

There were 269 *stillbirths* registered during the year giving a stillbirth rate of 13·2 per 1,000 total births compared with 15·7 in 1964 and 14·9 in 1963. After the increase in 1964 it is satisfactory to be able to report such a favourable rate for 1965.

The number of *premature* births notified was 1,239 (145 of which were stillborn) representing 6·1 per cent. of the total births. There are no comparable figures for earlier years but such figures as are available suggest that the prematurity percentage was about the same as in 1964 and somewhat smaller than the percentage in the five years 1960-64.

Perinatal Mortality

The perinatal mortality rate was 22·9 per 1,000 total births compared with 25·7 in 1964 and 25·2 in 1963. The perinatal mortality rate for infants of different weights was as follows :—

2 lb. 3 oz. or less	2 lb. 4 oz.✓	3 lb. 5 oz.✓	4 lb. 7 oz.✓	5 lb.✓	Over	All
	3 lb. 4 oz.	4 lb. 6 oz.	4 lb. 11 oz.	5 lb. 8 oz.	5 lb. 8 oz.	weights
937	670	265	136	66	11	23

The effect of prematurity is clear, even infants whose birth weight was between 5 and 5½lb. had a perinatal mortality six times that for heavier infants.

Infant Mortality

There were 343 deaths of infants under one year of age giving an infant mortality rate of 17.1 per 1,000 live births compared with 16.4 in 1964 and an average for the years 1960-63 of 17.2. In the following table, infant mortality is divided into mortality in the first week of life and later in the first year.

	1960	1961	1962	1963	1964	1965
Early neonatal (first week) ... mortality rate	10.9	11.5	10.8	10.5	10.1	9.9
Infant mortality rate after the first week	6.6	5.9	6.0	6.6	6.3	7.2
Total infant mortality rate ...	17.5	17.4	16.8	17.1	16.4	17.1

Mortality during the first week has decreased in recent years but later mortality shows no clear trend. The high rate in 1965 was disappointing but should probably be regarded as a random fluctuation from an average rate for the six years of 6.4.

Mortality of Children

The following table sets out the number of deaths of children between 1 and 5 and between 5 and 15 years in 1963, 1964 and 1965.

Age	1963	1964	1965
1 — 4	59	60	68
5 — 14	56	61	57

The death rates per 1,000 children in 1965 were 0.83 for children between 1 and 5 and 0.38 for children between 5 and 15. There is no reason to suppose that these figures are significantly different from those for other recent years.

Deaths from all causes

The number of deaths registered during the year (after adjustment for inward and outward transfers) was 10,494 giving a crude death rate of 9.9 per 1,000 population compared with 9.8 in 1964 and 10.6 in 1963.

The adjusted rate (i.e. the rate comparable with adjusted rates in other areas and with the crude rate for England and Wales) was 10.1 compared with the England and Wales rate of 11.5.

Death rates followed the trend in the County as a whole in the Mid-Essex, West Essex, Harlow and Thurrock Health Areas. In North-East Essex the death rate increased from 14.2 to 15.5 to equal the rate in 1963 while in Colchester, Basildon and each of the County Districts in South-East Essex, the death rate was lower than in both 1963 and 1964. The population is increasing rapidly in Basildon and South-East Essex and many of the immigrants are young people so there would be a tendency for death rates to fall there owing to a change in age distribution but when the number of deaths given in Table III were compared with those for the two previous years it was found that male deaths in 1965 were fewer than in either 1963 or 1964. This is in contrast with the rest of the county where the number of male deaths in 1965 exceeded the

number in the two previous years. The trend in female deaths on the other hand was similar in South-East Essex and the remainder of the County, the number in 1965 exceeding the number in 1964 but not reaching the number in 1963. The increase in male deaths was most marked in the age groups 45 to 55 and 65 to 75.

Tuberculosis Deaths

Deaths from tuberculosis numbered 32, of which 4 were non-respiratory compared with 27 (2 non-respiratory) in 1964 and 32 (3 non-respiratory) in 1963. The age distribution of these deaths was as follows :—

Year	MALES						FEMALES					
	0—	25—	45—	65—	75—	Total	0—	25—	45—	65—	75—	Total
1963	—	—	14	9	2	25	—	1	2	—	4	7
1964	—	2	9	7	5	23	1	—	3	—	—	4
1965	1	2	6	4	5	18	—	3	3	6	2	14

The number of female deaths increased from the very small figures for 1963 and 1964.

Cancer Deaths

Deaths from cancer (all sites, including leukaemia) in the County in the last three years are set out below :—

Site	MALES			FEMALES			PERSONS		
	1963	1964	1965	1963	1964	1965	1963	1964	1965
Stomach	129	141	138	77	96	90	206	237	228
Lung & bronchus	407	407	417	73	84	75	480	491	492
Breast	2	1	2	186	185	190	188	186	192
Uterus	—	—	—	78	73	67	78	73	67
Other sites	523	506	577	480	470	475	1,003	976	1,052
Leukaemia & aleukaemia	29	42	34	21	24	22	50	66	56
All sites	1,090	1,097	1,168	915	932	919	2,005	2,029	2,087

The total number of cancer deaths has increased in each of the last two years but the increase is no more than would be expected from the increasing population of the county.

The death rate per million in the last six years shows no clear trend.

1960	1961	1962	1963	1964	1965
1,970	1,945	1,983	1,997	1,964	1,978

It will be seen, however, that all the increases from 1964 to 1965 occurred in males, most of it being due to “cancer of other sites.” None of the specified sites showed an untoward increase in deaths. The following table shows that male cancer deaths increased generally over the age of 45.

Year	MALES						FEMALES					
	0—	25—	45—	65—	75—	Total	0—	25—	45—	65—	75—	Total
1963	20	48	390	344	288	1,090	19	61	282	256	297	915
1964	22	53	389	342	291	1,097	13	77	305	250	287	932
1965	26	39	422	368	313	1,168	12	68	299	243	297	919

Deaths from Diseases of the Circulatory System

The numbers of deaths from diseases of the circulatory system including vascular lesions of the nervous system in the last three years were as follows :—

Cause	MALES			FEMALES			PERSONS		
	1963	1964	1965	1963	1964	1965	1963	1964	1965
Vascular lesions of nervous system ...	611	570	654	933	967	921	1,544	1,537	1,575
Coronary disease, angina	1,244	1,329	1,337	909	873	814	2,153	2,202	2,151
Other heart disease	500	404	413	648	585	700	1,148	989	1,113
Other circulatory disease	234	213	218	264	229	261	498	442	479
Total	2,589	2,516	2,622	2,754	2,654	2,696	5,343	5,170	5,318

Total deaths in this group, which is responsible each year for about half the overall mortality, were higher than in 1964 but lower than in 1963, but for males the number of deaths was greater than in both other years. This was largely due to an increase in deaths from vascular lesions of the nervous system, although female deaths from this cause decreased. Among females there was a decrease in deaths registered as coronary disease or angina pectoris but an increase in those attributed to other forms of heart disease. The age distribution of the deaths from vascular lesions of the nervous system and from all other forms of circulatory disease are given in the following table.

Cause	Year	MALES					FEMALES				
		0—	45—	65—	75—	Total	0—	45—	65—	75—	Total
Vascular lesions of nervous system	1963	15	101	175	320	611	13	104	220	596	933
	1964	7	90	174	299	570	9	99	219	640	967
	1965	17	82	192	363	654	11	74	195	641	921
Heart and other circulatory disease	1963	45	480	594	859	1,978	16	192	460	1,153	1,821
	1964	54	547	560	785	1,946	26	163	427	1,071	1,687
	1965	62	518	610	778	1,968	25	189	438	1,123	1,775

The number of deaths from vascular lesions of the nervous system increased for men over 65 years of age and decreased for women between 45 and 75 and men between 45 and 65.

Deaths from Diseases of the Respiratory System

The following table sets out the number of deaths since 1960 ascribed to influenza, pneumonia, bronchitis and other respiratory diseases :—

Cause	1960	1961	1962	1963	1964	1965
Influenza	11	109	36	34	15	52
Pneumonia	537	652	694	832	616	772
Bronchitis	346	493	485	539	477	464
Other respiratory diseases	87	82	84	99	91	92
TOTAL	981	1,336	1,299	1,504	1,199	1,380

The number of deaths from influenza in 1965 was the highest since 1961 but less than half the number in that year. Death rates per million from pneumonia and bronchitis were as follows.

		1960	1961	1962	1963	1964	1965
Pneumonia	...	585	688	709	829	596	732
Bronchitis	...	377	520	495	537	462	440

The death rate from pneumonia was higher than in all other recent years except 1963 but bronchitis mortality was the lowest since 1960. The age distribution of deaths from pneumonia and bronchitis in the last three years is given in the following table :—

Age	PNEUMONIA						BRONCHITIS					
	Males			Females			Males			Females		
	1963	1964	1965	1963	1964	1965	1963	1964	1965	1963	1964	1965
0—24	28	32	40	14	12	29	5	7	7	3	8	5
25—44	9	5	3	5	8	4	2	4	4	2	—	—
45—64	49	38	33	24	18	22	67	69	55	16	14	20
65—74	87	61	72	74	50	64	141	122	131	39	32	28
75 and over	255	157	218	287	235	287	160	155	149	104	66	65
All ages	428	293	366	404	323	406	375	357	346	164	120	118

The number of female deaths from pneumonia was similar to the number in 1963 but there were fewer male deaths. There was an increase in deaths of children and young people from pneumonia. Infant deaths increased from 30 in 1963 and 32 in 1964 to 46 in 1965, giving rates per 1,000 births of 1·56, 1·60 and 2·29 respectively. In 1965 there was little difference between the sexes in infant mortality from pneumonia but in 1963 and 1964 mortality of infant girls had been only a half that of infant boys. Deaths between 1 and 24 also increased from 12 in 1963 and 15 in 1964 to 23 in 1965. The below average death rate from bronchitis was associated with reductions in the number of deaths at most ages.

Maternal Deaths

There were two maternal deaths, giving a maternal mortality rate per 1,000 total births of 0·10, the same rate as in 1964. The national rate was 0·25.

Accidental deaths and Suicide

The trend in the number of deaths from accidents and suicide since 1959 is as follows :—

	1959	1960	1961	1962	1963	1964	1965
Motor vehicle accidents	96	110	112	116	110	128	141
Other accidents	154	182	155	176	218	209	158
Suicide	80	89	72	78	118	109	98

The number of deaths from motor vehicle accidents between 1960 and 1963 was steady but has since increased by about 25 per cent. Deaths from other accidents and suicide were at a high level in 1963 and 1964 but decreased in 1965.

The following table gives the age distribution of accidental deaths in 1963, 1964 and 1965 :—

Age	Motor Vehicle Accidents						All other Accidents					
	Males			Females			Males			Females		
	1963	1964	1965	1963	1964	1965	1963	1964	1965	1963	1964	1965
Under 5	—	1	5	2	4	—	15	8	8	5	8	6
5—14	5	5	6	—	5	1	4	3	6	2	3	—
15—24	26	26	33	2	6	9	6	13	6	2	3	1
25—44	11	24	17	7	3	7	17	26	9	4	6	5
45—64	20	18	27	9	8	8	22	24	14	13	9	7
65—74	14	6	6	4	6	6	11	13	5	18	8	11
75 and over	9	9	9	1	7	7	32	19	20	67	66	60
Total	85	89	103	25	39	38	107	106	68	111	103	90

Most of the increase in motor vehicle accident deaths and most of the decrease in other accidental deaths was in males. For the former there was an increased number of deaths in men between 15 and 25 and between 45 and 65. Other accidental deaths were less than in the two previous years for men in each of the three age groups between 25 and 75.

Suicides numbered 48 men and 50 women compared with 56 men and 53 women in 1964 and 68 men and 50 women in 1963.

Morbidity

The number of new claims for sickness benefit received in the 52 weeks ended 28th December 1965 at local offices of the Ministry of Pensions and National Insurance in the reduced Administrative County was 145,140. The number of claims and the number per 1,000 population at the same offices in each of the last four years were as follows .—

		1962	1963	1964	1965
Number of claims	...	133,364	142,480	134,621	145,140
Claims per 1,000 population	...	137	143	131	138

The incidence of new claims to benefit was higher than in 1964 but did not reach the level attained in 1963. The following table gives the average number of claims per week in each quarter of the last four years :—

Year	January-March	April-June	July-September	October-December
1962	3,812	2,273	1,720	2,572
1963	4,427	2,216	1,853	2,634
1964	3,450	2,325	1,909	2,760
1965	3,653	2,654	2,083	2,837

The number of claims in the March quarter was not excessive and in the December quarter rose only by the amount to be expected because of the increase in population. In the June and September quarters, however, the incidence of new claims per 1,000 population increased by some ten per cent.

SECTION II—GENERAL

STAFF

Central Office

The office of Principal Medical Officer (Mental Health) fell vacant on 26th January upon the resignation of Dr. S. W. G. Caseley. Dr. Caseley was succeeded by Dr. M. E. York-Moore on 8th April. Dr. York-Moore was, of course, no stranger to the County Council, having previously served in the former post of Senior Medical Officer for Mental Health from 25th April, 1960 to 17th September, 1961.

Shortly before the implementation of the London Government Act, 1963, Dr. I. B. Millar resigned from the post of Senior Medical Officer, having obtained an appointment with the London Borough of Bexley. The post of Senior Medical Officer was relinquished on 1st April.

Miss F. S. Leader retired from the post of Superintendent Nursing Officer on 31st December after 26 years Local Authority Service, seven of which were with the County Council.

Mr. W. E. Cooke, County Ambulance Officer, was appointed to the post of Chief Ambulance Officer, Greater London Council. He was succeeded on 1st March by Mr. R. A. Cupit, formerly Deputy County Ambulance Officer, Surrey County Council. Mr. A. J. Stewart, Assistant County Ambulance Officer was transferred to the Greater London Council on 1st April.

Combined Medical Service

Dr. T. D. Blott, formerly Medical Officer of Health, Maldon Borough Council, Burnham-on-Crouch Urban District Council, Chelmsford and Maldon Rural District Councils, and Assistant County Medical Officer, was appointed to the combined post of Area Medical Officer to the new Thurrock Health Area and Medical Officer of Health to the Thurrock Urban District Council. He commenced duty on 1st April.

Dr. A Yarrow resigned from the post of Medical Officer of Health, Benfleet, Canvey Island and Rayleigh Urban District Councils, Rochford Rural District Council, and Area Medical Officer, South-East Essex Health Area, on 30th November.

The first permanent Area Medical Officer to the new West Essex Health Area was Dr. I. G. Yule, formerly Medical Officer of Health/Senior Medical Officer, Bishop's Stortford Urban District Council/Hertfordshire County Council. Dr. Yule commenced duty on 6th September. His new post was linked with the duties of Medical Officer of Health to the Saffron Walden Borough and Rural District Councils, which were formerly undertaken by Dr. Irene M. Hastilow. Dr. Hastilow retired on 2nd September, after 14 years service with the County Council.

Dr. George G. Stewart, formerly County Medical Officer of Health, assisted in difficult situations on two occasions by acting as Area Medical Officer to the new West Essex Health Area from a few days before its inception on 1st April to 3rd September, and to the South-East Essex Health Area from 1st December to the end of the year.

Dr. J. Hetherington retired on 31st March from the post of Medical Officer of Health and Port Medical Officer, Harwich and Assistant County Medical Officer after extending his service until his successor's arrival in Essex and thus completing 22 years in the Public Health Service in Essex. Upon Dr. Hetherington's retirement, because of ever-increasing demands on the time of the Medical Officer in post, an additional post was created, and the duties were reorganised between the various employing Authorities. Drs. A. H. Golledge and J. W. Doupe were appointed to the two vacancies, and commenced duties on the 1st April and 1st May respectively. Dr. Golledge was previously employed as Medical Officer of Health/Area Medical Officer, Eston Urban District Council/North Riding of Yorkshire County Council, and Dr. Doupe as Assistant Medical Officer and Assistant Port Medical Officer, Southampton County Borough Council.

The post of Medical Officer of Health, Maldon Borough and Port Health Authority, Burnham-on-Crouch Urban District Council, Maldon and Chelmsford Rural District Councils, and Assistant County Medical Officer, vacated by Dr. T. D. Blott, was filled by Dr. J. A. Slattery, who was appointed on 28th June. Dr. Slattery previously held an appointment as Medical Officer of Health/Area Medical Officer, Downham Market Urban District Council, Downham and Marshland Rural District Councils/Norfolk County Council.

Dr. J. R. Wray, Medical Officer of Health, Brentwood Urban District Council, and Assistant County Medical Officer, obtained a post overseas, and resigned on 27th July. The vacancy was filled by the appointment of Dr. Alan Crowley, who came to Essex from Cumberland, and started his new duties on 15th November.

Dr. A. C. Poulsen-Hansen, Deputy Medical Officer of Health, Epping and Harlow Urban District Councils, Epping and Ongar Rural District Council, and Assistant County Medical Officer, left the service of his employing Authorities on 23rd June. Dr. I. V. Hassan, who had returned to this country from overseas, took his place on 1st December.

Dr. W. H. G. Batham resigned from the post of Deputy Medical Officer of Health, Benfleet, Canvey Island and Rayleigh Urban District Councils, Rochford Rural District Council, and Assistant County Medical Officer on 28th December. Dr. R. Beaver was promoted from a whole-time post of Assistant County Medical Officer in the South-East Essex Health Area, and filled the vacancy on the following day.

In agreement with his employing District Councils, the hours devoted by Dr. H. Franks to the County Council were reduced to 20 per cent. whole-time. Dr. Franks also serves the Chigwell and Waltham Holy Cross Urban District Councils and the time devoted to his duties for those Authorities was correspondingly increased.

It was with profound regret that I learned of the death of Dr. F. G. Brown on 29th September. Dr. Brown had served the County Council for 33 years, and was latterly Area Medical Officer for the Forest Health Area before he transferred to the London Borough of Waltham Forest on 1st April.

Assistant County Medical Officers

Five whole-time assistant county medical officers resigned during the year, and it was possible to fill the vacancies without undue difficulty.

Other Staff

Two further appointments were made to posts of senior psychiatric social worker for the Mental Health Service, and at the end of the year, four of the five Mental Health Sub-Offices were controlled by psychiatric social workers.

Two further trainee mental welfare officers were appointed during the year.

A new class of nursing appointment—the Fieldwork Instructor—came into prominence during the year. The new training syllabus for health visitors issued by the Council for the Training of Health Visitors placed emphasis on the importance of practical work training. Fieldwork instructors will assist with the expected increase in practical training, and four posts were created from within the existing establishments of health visitors. The officers appointed to these posts will, as health visitors, hold reduced case loads, and, as fieldwork instructors, work in conjunction with the Barking Regional College of Technology.

Part-time posts of Area Health Education Officer (50 per cent. whole-time) were created for all of the Health Areas and Delegatee Authorities during the year, but in view of the economic situation it was decided to defer filling these new posts for the time being.

Supervisory Nursing Staff

During the year adjustments were made to the establishment of supervisory nursing staff which involved the creation of three whole-time posts of Area Superintendent Health Visitor at Harlow Health Area, South-East Essex Health Area and Basildon Urban District. Previously the Harlow post had been shared with the post of Deputy Superintendent Health Visitor, Mid-Essex Health Area and South-East Essex Health Area and Basildon Urban District posts had been shared, but the expansion of the districts and consequent increases in staff made it essential to create two separate posts.

Transport for Staff

At the end of the year 711 officers, mainly health visitors, midwives and home nurses whose duties necessitate a considerable amount of travelling, were using motor transport as follows in connection with their official duties :—

County Cars (including two 5 cwt. vans, one 10/12 cwt. van and one Utilibrake)	156
Private Cars, Scooters, Mopeds	555

During the year 28 loans were made to members of the staff under the Council's Assisted Car Purchase Scheme, for the purchase of privately-owned cars for use on County business; this figure included six officers who purchased the County cars allocated to them.

Medical Examination of Staff

Despite the fact that, after the first quarter of the year, very few examinations were required to be undertaken for those areas in Metropolitan Essex which were absorbed into London Boroughs, the number of such examinations of persons selected for appointment, as well as of existing members of the staff of the County Council examined because of ill health, the desire to extend service beyond the normal date of retirement or in connection with a desire to commute part of a pension, continued to occupy a considerable amount of the time of the medical staff.

The number of medical examinations during 1965 totalled 4,066 (170 on behalf of other Local Authorities) compared with 6,778 (1,401 for other Authorities) the previous year, and 6,360 in 1963. It has been found that many local authorities have dispensed with the need for medical examination of staff on appointment, which would account for the considerable reduction in the number of such staff examined. At the end of the year consideration was being given to the introduction of an alternative scheme.

It will be noted that in spite of the loss to the Administrative County of the most thickly populated areas, the number of examinations per quarter was reduced by an average of only 678.

Refresher Courses

As in previous years, many different categories of staff attended post-graduate or post-certificate courses as follows (attendances at Annual Conferences or Study Days are not in general included) :—

Course	Organising Body	Staff Attending
" Smoking and Health "	Central Council for Health Education	County Medical Officer of Health
" A New Look at Home Care "	Queen's Institute of District Nursing	County Medical Officer of Health, Superintendent Nursing Officer and 5 Area Non-Medical Supervisors of Midwives

Course	Organising Body	Staff Attending
Summer School in Health Physics	Department of Chemical Engineering and Chemical Technology, Imperial College, London	Deputy County Medical Officer of Health
"Psychiatric Disorders in the Aged and their Treatment"	World Psychiatric Association	Principal Medical Officer for Mental Health
Seminars in Mental Health	Tavistock Institute of Human Relations	Principal Medical Officer for Mental Health
"Improving the effectiveness of Psychiatric Hospitals"	Royal College of Nursing	Principal Medical Officer for Mental Health
Six evening lectures	Society for Autistic Children	Principal Medical Officer for Mental Health and Organiser of Training Centres
Conference on Noise Control	Noise Abatement Society	Principal Medical Officer
Seminar for Medical Officers of Health	Central Council for Health Education	Principal Medical Officer
Annual Symposium	Society of Medical Officers of Health	Principal Medical Officer
"Mental Development and Diagnostic Testing of the Very Young"	Dr. Ruth Griffiths	2 Assistant County Medical Officers
"General Anaesthesia in Dentistry"	Institute of Dental Surgery	3 Assistant County Medical Officers and 1 Dental Officer
Dental Radiography Courses	Kodak Limited	6 Dental Officers and 5 Dental Surgery Assistants
"Partnership and Progress"	Essex Old People's Welfare Committee	County Domestic Help Organiser and 1 Domestic Help Organiser
Conference	National Council of Home Help Services	County Domestic Help Organiser
Conference on film-making	Mental Health Film Council	Health Education Organiser
Summer School	Central Council for Health Education	Health Education Organiser
"Advanced Techniques in Health Education"	Royal Society of Health.....	Health Education Organiser and Assistant Health Education Organiser
Introductory Computer Course	Medical Automation Experimental Unit	Statistician
"Prevention of Mental Ill Health by Public Health Programmes"	Tavistock Institute of Human Relations	3 Superintendent Health Visitors
Refresher Course for the Nursing Profession	East Anglian Regional Hospital Board	1 Superintendent Health Visitor
"Recent advances in Psychiatric Hospital Nursing"	Severalls Hospital, Colchester	4 Superintendent Health Visitors and 8 Health Visitors

<i>Course</i>	<i>Organising Body</i>	<i>Staff Attending</i>
Refresher Courses for Nursing Staff	Health Visitors Association, Royal College of Nursing, Queen's Institute of District Nursing	3 Non-Medical Supervisors of Midwives/Superintendents of Home Nursing, 101 Health Visitors, Midwives and District Nurses
Course in mental health for administrative nursing staff	Queen's Institute of District Nursing	2 Non-Medical Supervisors of Midwives/Superintendents of Home Nurses
Course of instruction in Hearing Testing Techniques	Institute of Laryngology and Otology	43 Health Visitors
Refresher Courses for Day Nursery Nursing Staff	Royal College of Nursing, North-Western Polytechnic, London	7 Nursery Matrons, Deputy Matrons and Nursery Staff
Course on Appliance Making	Chelsea School of Chiropody	3 Chiropodists
Child Guidance Inter-Clinic Conference	National Association for Mental Health	1 Psychiatric Social Worker
Study Course on in-service training	Council for Training in Social Work	1 Area Psychiatric Social Worker
Summer School	Central Council for Health Education	2 Administrative Officers

SITES AND BUILDINGS

Health Services Clinics

A new clinic was opened at Springfield Park, Chelmsford and the Mistley Clinic was extended to provide accommodation for chiropody and dentistry.

A start was made on a similar extension to the Hockley Clinic and on the erection of a new clinic at Hullbridge and a central clinic and offices at Colchester. Plans were prepared for extensions to the clinics at Rayleigh and Thundersley.

A revised standard plan for health services clinics serving populations of over 5,000 was prepared and agreed with the Ministry of Health. This plan conforms with the recommendations contained in the Local Authority Building Notes issued by the Ministry.

Ambulance Stations

A new ambulance station was opened at Burnham-on-Crouch and a start made on the erection of stations at Rochford, Billericay and Brentwood. An extension to the Chelmsford Ambulance Control Centre was completed.

Training Centres

A Junior Training Centre was opened at Clacton-on-Sea and an Adult Training Centre at Chelmsford. Plans were prepared for Adult Training Centres at Colchester and Aveley, for extensions to the Basildon Comprehensive Centre and for the conversion of hired premises at Harlow to provide a sheltered workshop for persons recovering from mental illness.

Housing for Nursing Staff

A new nurse's house was completed at Lawford and a start made on the erection of two houses at Billericay and two at Wickford. Houses were purchased at Canvey Island, Benfleet and Stanford-le-Hope, a site acquired for the erection of a house at Bulmer and negotiations commenced for the purchase of a house at Brentwood.

DECENTRALISATION OF ADMINISTRATION

Upon the division of the County on 1st April as a consequence of London Government reorganisation the number of Health Areas (and Health Area Sub-Committees) was reduced from 12 to six.

The Health Areas and their constituent districts are now as follows :—

North-East Essex	Harwich B.	146,370
			Brightlingsea U.	
			Clacton U.	
			Frinton & Walton U.	
			Halstead U.	
			West Mersea U.	
			Wivenhoe U.	
			Halstead R.	
			Lexden & Winstree R.	
			Tendring R.	
Mid-Essex	Chelmsford B.	255,160
			Maldon B.	
			Braintree & Bocking U.	
			Brentwood U.	
			Burnham-on-Crouch U.	
			Witham U.	
			Braintree R.	
			Chelmsford R.	
South-East Essex	Maldon R.	120,580
			Benfleet U.	
			Canvey Island U.	
			Rayleigh U.	
			Rochford R.	

West Essex	...	...	...	Saffron Walden B. Chigwell U. Epping U. Waltham Holy Cross U. Epping & Ongar R. Saffron Walden R. Dunmow R.	169,290
Harlow	...	...	...	Harlow U.	66,260
Thurrock	...	...	...	Thurrock U.	119,780

Conferences of Area Medical Officers were held on four occasions during the year when, amongst others, the following subjects were discussed: "The Field Work of the Family Doctor" with particular reference to Circular 20/63 issued by the Ministry of Health on 3rd October 1963, (Attachment of Staff to General Practitioners), Cervical Cytology Service (proposal to set up clinics), the new Audiology Service, Child Welfare Clinics (the work of the Health Visitor at the Clinic) and the School Meals Service.

LOCAL GOVERNMENT ACT 1958— DELEGATION OF HEALTH FUNCTIONS

The arrangements which have been in operation since 1st April, 1961, whereby health functions are delegated to the Colchester Borough Council and the Basildon Urban District Council under the Local Government Act, 1958, continued throughout the year.

THE NATIONAL HEALTH SERVICE JOINT ADVISORY COMMITTEE

The National Health Service Joint Advisory Committee for Essex, representing the various branches of the National Health Service, met on three occasions during the year. Items of interest discussed included Cytological Screening Tests, Medical Arrangements for Long-Stay Immigrants and Psychiatric Hospitals (catchment areas).

OVERSEAS VISITORS

During the year the following persons from overseas made visits to the Department. Dr. Nagakawa of Japan who had been awarded a three months World Health Organisation Fellowship, spent three days visiting the Thurrock Health Area, one day visiting Mental Health Hostels and Training Centres and another day visiting Ambulance Stations and Control; Dr. Saiki of Tokyo, who had a special interest in refuse disposal tips; Dr. Vera Poncova of Czechoslovakia, another visitor on a World Health Organisation Fellowship, whose particular interest was Dental Health; Miss R. Kairu and Miss S. Osuagwu, two students from Nigeria and Kenya respectively who were interested in

Social Work; Dr. Hagger from Australia who was shown something of the School Health Service; Dr. Rahman of Pakistan who was just finishing his D.P.H. Course and was interested in Health Education and Dr. Berkhout from the Netherlands, another World Health Organisation Fellow, who spent three days discussing and seeing items of particular interest to him. Another overseas visitor was Dr. Ben-Amoz Bilha of Tel-Aviv, who at the request of the National Society for Mentally Handicapped Children was shown the work of Training Centres.

LABORATORY SERVICE

Local authorities in the County, including the County Council (Health Department) submitted the following items to the various Public Health Laboratories for bacteriological examination. It will be seen that whilst milk, ice cream and water continue to be the main commodities examined, other foods (principally meat products) are frequently sampled. The Laboratories not only play a large part in the investigation of food poisoning, but also in its prevention.

Summary of Samples examined by Public Health Laboratories in Chelmsford, Cambridge, Southend-on-Sea and Ipswich

Milk	4,919
Milk Containers (Bottles, Churns, etc.)	732
Milk Tankers (Swabbing)	89
Ice cream and Lollies	1,567
Water	1,645
Shellfish	279
Other Foods	631
Faeces, urine	97

Summary of Samples examined by Counties Public Health Laboratories in London

Samples of water and sewage effluents were submitted for chemical analysis to the Counties Public Health Laboratories, in London. A small number of food samples for bacteriological examination were also sent to this Laboratory by local authorities near the London area.

Milk	32
Ice cream	65
Water	256
Other Foods	130
Sewage effluents	85

MILK AND DAIRIES

Milk (Special Designation) Regulations

Milk Licences are issued to producer/retailers by the Ministry of Agriculture, Fisheries and Food.

The County Council and the following District Councils which are also Food and Drugs Authorities (Basildon U.D., Brentwood U.D., Chelmsford Borough, Chigwell U.D., Colchester Borough, Harlow U.D. and Thurrock U.D.) license all other milk dealers.

There are now no small dairymen licensed by the County Council who bottle untreated milk away from the farms, indicating the continued trend towards increased sales of pasteurised milk, and the great decrease in the number of dairymen bottling a small quantity of raw milk for his village round.

From 1st October, 1965, a new special designation for heat-treated milk came into force, in addition to the existing "Pasteurised" and "Sterilised" grades.

"Ultra Heat Treated" describes milk processed by the ultra high temperature method, i.e. heated to not less than 270°F. for not less than one second. The purpose of this grade is to provide the public with milk having similar characteristics as pasteurised homogenised milk but with a much longer keeping period. With the present retail system where the roundsman calls daily at each house, demand for the new grade is not likely to be great, but it has considerable potential where supplies are infrequent (e.g. on ships and for campers and caravanners).

Laboratory tests have been prescribed for the various grades of milk (pasteurised, untreated, sterilised and U.H.T.) to check keeping quality and also the adequacy of heat treatment for pasteurised, sterilised and U.H.T. milk. The results of tests on milk samples submitted by the Department are tabulated below.

	No. of Samples	Type	Appropriate Test	Passed	Failed
Sampling at processing plants	307	Pasteurised	Methylene blue	307	—
			Phosphatase	305	2
	97	Sterilised	Turbidity	97	—
Sampling in course of distribution	101	Untreated	Methylene blue	82	19
	1,937	Pasteurised	Phosphatase	1,936	1
			Methylene blue	1,902	35
	100	Sterilised	Turbidity	100	—

In addition to the samples taken, regular inspections of dairies were made by officers of the Department.

The number of sample failures showed a considerable reduction from those of 1964 and this may be accounted for to some extent by the lower than average summer temperatures; the figures nevertheless demonstrate the high standards attained by the modern dairy industry. Failures are usually attributed to too long storage of treated milk and bacteriologically unclean bottles.

Reasons for failure are sought and the co-operation of officers of the Ministry of Agriculture, Fisheries and Food is acknowledged in investigating "untreated" sample failures.

Examination of washed Bottles and Churns

No. of bottles examined	...	...	...	...	191
No. of bottles satisfactory	...	...	...	...	136
No. of bottles fairly satisfactory	...	...	...	...	27
No. of bottles unsatisfactory	...	...	...	...	28

315 churns were examined for their state of cleanliness by bacteriological examination. 250 were found to be satisfactory and 35 fairly satisfactory. 30 did not attain the required standard of cleanliness. Regular swabbing and bacteriological examinations of the interior of road tankers were also made.

Biological examination of untreated milk was undertaken for:—

(a) Tubercle bacilli—156 samples were submitted for examination. One sample contained tubercle bacilli and 155 gave negative results. The necessary action was taken by the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food and by the Health Department of the district concerned, in the case of the positive sample.

(b) Brucellosis—A total of 230 milk samples were examined for the presence of *Brucella Abortus* and 217 gave negative results. The Medical Officers of Health of the districts concerned were notified of the 13 results indicating the possible presence of this disease in cattle so that action could be taken under the Milk and Dairies Regulations to prevent the spread of infection to human beings and a thorough examination undertaken of milk from individual cows in affected herds.

Antibiotics in Milk

Samples of untreated milk were obtained from farms, milk roundsmen and from churns as received at pasteurising dairies in order to test for the presence of penicillin or other antibiotics in the milk.

Out of a total of 1,211 samples, 21 gave positive readings. (The 1964 figures were 1,192 samples taken and 28 positive results, showing that a slight reduction was achieved in 1965).

The Milk Marketing Board were advised in each case where antibiotics were detected and their representatives visited the producers concerned to give advice. Milk from one farm gave positive readings on two separate occasions, but the farmer in question sold the herd shortly afterwards.

Milk in Schools Scheme

A check made in September 1965, revealed that the proportion of children taking milk at school was 79·5 per cent. The 1964 figure showed little variation (80 per cent.)

Samples of milk from bottles, cartons and churns were regularly obtained and the results were as follows :—

<i>No. of Pasteurised Samples taken</i>	<i>Phosphatase Test</i>		<i>Methylene Blue Test</i>	
	<i>Passed</i>	<i>Failed</i>	<i>Passed</i>	<i>Failed</i>
826	826	—	817	9

Ice Cream

Standard pre-packed ice-cream is almost invariably produced under strictly controlled conditions including pasteurisation, and batches are tested at each stage. After packing into individual containers it is stored at very low temperatures until sold. Such products are usually of a high bacteriological standard.

The production of soft ice-cream is also usually undertaken in hygienically satisfactory conditions, but its retail sale is generally from specially equipped mobile vehicles where low storage temperatures are not always maintained and the thoroughness of cleansing and sterilising equipment may vary considerably depending on the operator. Frequent sampling of soft ice cream supplemented by swabbing of equipment is therefore necessary to maintain a high bacteriological standard.

The Methylene Blue Test provides a simple method of grading ice cream. It is desirable that the majority of samples from any one product should fall into Grade I or II.

Gradings are assessed as follows :—

<i>Provisional Grade</i>	<i>Time taken to reduce methylene blue</i>
1	Fails to reduce in 4 hours
2	2½-4 hours
3	½-2 hours
4	0

Results of samples obtained in the year are as follows :—

<i>Provisional Grade</i>	<i>No. of Samples</i>		<i>1964 Figures</i>
1	884	66·3%	62·9%
2	210	15·0%	17·1%
3	116	8·7%	12·0%
4	123	9·0%	8·0%
Total	1,333		

Ice Lollies

A total of 184 samples were obtained and 178 were reported upon as being satisfactory.

FOOD AND DRUGS ACT, 1955

A summary of the work of the Weights and Measures Department

The Chief Inspector of Weights and Measures has been good enough to provide the following report of the work of his Department during the year.

The County Council, acting through the Public Protection Committee, is the Food and Drugs Authority in a large part of the administrative county including the smaller urban districts and the rural areas, having a population exceeding half a million. Practical administration and enforcement are carried on by the Weights and Measures Department, and by inspection and sampling at retail shops, wholesale premises and elsewhere, steps are taken to ensure that food and drugs sold in the area are free from injurious and prohibited ingredients, are labelled with particulars of composition where these are required by Regulations to be declared, satisfy statutory standards where these are prescribed, are not misdescribed by false labels, and are of the nature, substance and quality demanded by purchasers.

During the year 548 samples of milk and 490 samples of a cross-section of other foods and drugs were procured by the department's sampling officers in the street, at dairies, at retail shops and elsewhere. Twenty-nine samples of milk, 20 samples of other foods and 2 samples of drugs were adversely reported upon by the Public Analyst.

Twenty-five of the 29 unsatisfactory samples of milk contained added water. One sample which contained 6 per cent. of added water, was taken from one of a number of churns of milk sampled at a dairy farm while awaiting collection on behalf of the Milk Marketing Board for delivery to a wholesale dairy. In the defence of proceedings which were instituted on behalf of the County Council, it was suggested that the milk might have been interfered with by campers from a nearby camping site while left unattended in the farm dairy overnight. The court imposed a fine of £5 and ordered the defendant to pay costs of £20 14s. 0d. The other 24 samples of milk found to contain added water were procured by the department's officers on successive days from two consignments of milk produced at an Essex dairy farm, the first consignment being sampled at the wholesale dairy to which it had been despatched, and the other being sampled on the following day whilst still in the farmer's possession. The quantities of added water in the several churns ranged from 13 per cent. to 28 per cent. Proceedings were instituted and the hearing of the cases was pending at the close of the year. The 4 other samples of milk, the subject of adverse reports from the Public Analyst, were each deficient in milk fat, but witnessed milking of the cows at the dairy farms concerned, produced evidence that the cows were giving milk below the minimum presumptive standard of 3 per cent. milk fat, and the matter was dealt with by giving the farmers appropriate advice.

A number of samples of food other than milk found to be unsatisfactory, were submitted following complaints from aggrieved purchasers. One complaint was of a cigarette end discovered embedded in a loaf of bread. Another was in respect of string fibres found in a sliced loaf. Yet another was of a foreign body found in a cooked skinless sausage. The foreign matter consisted of a plastic moulding sleeve and a length of thread. Proceedings were instituted in each of these three cases and fines of £5, £3 and £10 respectively were imposed by the courts together with payment of the costs.

When glass was found in a case of Australian sultanas delivered to an Essex school, the matter was referred to the Australian authorities for further investigation.

When a purchaser discovered a bolt head from dairy machinery embedded in cheese purchased from an Essex retail provision shop, the department's Inspector was able to trace the portion of cheese to a particular consignment imported from Canada and the matter was referred to the Canadian authorities in London. An undertaking was given to refer the matter to the appropriate food and drugs administration in Canada.

Where a purchaser complained that cream cheese had glassy fragments visible on the surface and embedded in it, analysis showed these fragments to be crystals of phosphate salts which are frequently used as emulsifying salts in cheese preparation of this nature. Some of these tend to crystallise out during storage.

Where retail butchers sold beef sausages containing sulphur dioxide in permitted quantities without a declaration of the presence of the preservative in the food a prosecution was instituted, but the court gave the defendants a conditional discharge on the payment of the costs.

Twelve of the adverse samples were of various jams, marmalade and liqueur honey, fortified with alcohol of various kinds. Fault with these articles lay in their labelling, and this matter was the subject of correspondence with the manufacturers.

Two of a number of drug samples taken proved to be unsatisfactory. Phenobarbitone tablets were found to contain a slight excess per tablet. The sample was thought in fact to consist of old stock of $\frac{1}{2}$ grain tablets which had been labelled 30 mg. The manufacturer's attention has been drawn to the matter. Analysis of a sample of Aneurin Compound Strong Tablets B.P.C. showed that the Aneurin hydrochloride content of these tablets was 2.5 milligrammes per tablet above the maximum limit permitted by the British Pharmaceutical Codex. In this instance also the manufacturer's attention was drawn to the discrepancy.

More than 3,000 articles of food were examined to check that they were duly labelled with particulars of their ingredients, and when submitting samples of some of these articles for analysis, information as to the compositional claims made was passed to the Public Analyst for checking.

WATER SUPPLIES

The year opened with a legacy of unusually low river and reservoir levels and this resulted in the County Council, and the statutory water undertakings viewing the public water supply situation with more than their usual concern. Comparatively dry weather persisted until July, during which period a number of Drought Orders were granted by the Minister of Housing and Local Government, but thereafter, with the exception of October, the rainfall was generally heavier than usual, enabling reservoirs to be filled by the end of the year. As recorded at Langford Waterworks, the rainfall measured 23.89 inches. September proved to be the wettest month with a rainfall of 4.18 inches.

While the population of Greater London has fallen and may continue to fall, that of the new Administrative County will continue to rise (an increase of 440,000 by 1981 has been forecast) and thus the water supply problem remains as serious as ever.

The shortage of water in this part of England which lacks great rivers and has diminishing underground supplies, is well known. For some years it has been the County Council's policy to investigate all applications for licence made to the Minister, and to object to any proposal concerning the abstraction of an appreciable quantity of water where there was the slightest possibility of a source of public water being affected. This aspect of the Council's interest in water supplies was concluded in November 1965, having regard to the extensive powers of the Essex River Authority, which under the Water Resources Act 1963, include the administration of a system of licensing and abstraction, that body having assumed its functions on 1st April, 1965.

In the north-east of the County, the Tendring Hundred Waterworks Company recorded that 1,773 new properties were connected to their mains during the year. The Steering Committee appointed by that Company and the Colchester and District Water Board, acting in co-operation, reported satisfactorily upon proposed schemes to provide reservoirs in the Bourne Brook and Salary Brook Valleys, with intake works on the River Colne, and it was agreed between the two undertakings, to proceed immediately to seek the necessary powers to construct a storage reservoir in the Salary Brook Valley, to be called the Ardleigh Reservoir, together with the necessary treatment works, etc., and to give further consideration to the other scheme during 1966. An underground pumping station was under construction at Stratford St. Mary, and with the anticipated commencement of work upon a trunk main from the newly constructed borehole at Higham in Suffolk, and the making of the Tendring Hundred and Colchester and District (Variation of Limits) Water Order, 1965, on 13th September, 1965, the two companies were in a position to face the immediate future with confidence.

The Lee Valley Water Company has an area of supply of 786 square miles, including in West Essex the Borough of Saffron Walden, the Urban Districts of Epping and Harlow and the Rural Districts of Dunmow, Epping and Ongar, and Saffron Walden. Undoubtedly most evident of the Company's activity in Essex, certainly to the passing motorist, is the construction of a service reservoir and water tower at Gunters Hill near Saffron Walden, which had reached an advanced stage by the end of the year. The reservoir will hold 2,000,000 gallons of water and the tower will have a capacity of 150,000 gallons, which will ease the supply situation in that growing Borough. In looking to the commitments of the future with prospects of the expansion of Stevenage and Harlow, and the possible development of Stansted as the third London Airport still undecided, the Company have a programme of augmenting supplies throughout their area including the sinking of additional boreholes at Newport, Hempstead, Armitage Bridge and Stansted in this County. Work is well in hand at Stansted but progress at the remaining sites is dependent on the issue by the Minister of the necessary Order.

The South Essex Water Company with supply responsibilities for a large population, mainly that part of Essex lost to Greater London, derives considerable supplies from the River Stour north of Colchester and has large

storage reservoirs at Abberton and Hanningfield. During the year the Chigwell Scheme came into operation and by July eight million gallons of Thames water a day obtained from the Metropolitan Water Board was also put into supply while sufficient filtration plant was installed to permit a further four million gallons obtained from this source to be filtered and treated. A large service reservoir was completed and brought into use and further works are envisaged.

Supplies of the Southend Waterworks Company are, by agreement, augmented by a supply from the South Essex Waterworks Company. The South Essex Waterworks Company also make bulk supplies to several other water undertakings including the Borough of Chelmsford, the Urban District of Witham and the Rural District Councils of Chelmsford and Maldon. The Minister of Housing and Local Government's policy of re-grouping has led to the absorption of several of the smaller undertakings by larger concerns. In line with that policy a draft Order which envisaged the taking over by the South Essex Waterworks Company of the other authorities referred to with the addition of the undertakings of the Maldon Borough and the Urban District of Burnham-on-Crouch to form one Company was deposited with the Minister in January, but no further progress had been made by December. Similarly no further progress has been made in re-grouping the water undertakings of the Braintree and Halstead Rural District Councils or the Braintree and Bocking Urban District Council and the Halstead Urban District Council.

If Essex is to be allowed to develop on the lines envisaged, any scheme for providing water supplies to satisfy the potential demand must be on a large scale. The study recognised the importance of the Thames Basin for the supply of water in the region and envisaged the augmentation of the Thames flow by bringing water from other catchments. The possibility of obtaining water from the catchment area of the Great Ouse is being investigated. A scheme which has been mooted elsewhere is to convert The Wash into an impounding reservoir.

Under the Water Resources Act 1963, River Authorities have a duty to make periodic surveys of resources and demands and to formulate works proposals in relation thereto. Their proposals are awaited with the greatest interest.

RURAL WATER SUPPLIES AND SEWERAGE

It is the County Council's policy to encourage Rural District Councils and other authorities with rural locations to lay water mains and to sewer their districts where economically possible. Approved schemes attract a grant from the County Council equivalent to that made by the Ministry. The total of such grants paid to County District Councils for the financial year ended 31st March 1965, totalled £105,833.

During the year the following schemes were submitted for the County Council's observations prior to the District Councils making application to the Ministry :—

Water Supplies

<i>District</i>	<i>Scheme</i>	<i>Estimated Cost £</i>
Colchester and District Water Board	Water main extension, School Lane, Gt. Horkesley (Cut Throat corner—Bree- wood Hall)	1,270
Colchester and District Water Board	Water main extension Peldon to Staffords Corner, Gt. Wigborough	2,500
Colchester and District Water Board	Water main extension to Moorlands Farm, Earls Colne	578
Waltham Holy Cross Urban District Council	Water main extension, "Wakes Arms" District	450
Chelmsford Rural District Council	Water main extension, South Woodham Ferrers	14,715
Epping and Ongar Rural District Council	Water main extension, Doddinghurst	3,500
Tendring Rural District Council	Water main extension, Rectory Road, Little Oakley	920
Tendring Rural District Council	Water main in Shair Lane, Tendring and Swallows Row, Gt. Bentley	4,565

The County is now well served with a network of water mains which are extended as required to serve more isolated dwellings and new development. In 1944 it was estimated that 30 per cent. of the rural population throughout the Country were without mains water supplies, but in Essex the figure has now been reduced to approximately one per cent.

Sewerage and Sewage Disposal

		<i>£</i>
Rayleigh Urban District Council	Rawreth Sewerage Scheme	35,300
Braintree Rural District Council	Enlargement of White Notley Sewage Disposal Works	56,760
Chelmsford Rural District Council	Good Easter Sewerage Scheme — sewer extension	514
Lexden and Winstree Rural District Council	Copford and Marks Tey Sewerage and Sewage Disposal Schemes — extension of sewer at Church Lane, Lt. Tey	950
Lexden and Winstree Rural District Council	Layer-de-la-Haye Sewerage and Sewage Disposal Scheme	117,127
Lexden and Winstree Rural District Council	Fingringhoe, Abberton, Langenhoe and Peldon Sewerage Scheme (revised)	232,815
Lexden and Winstree Rural District Council	Birch, Layer Breton and Hardys Green Sewerage and Sewage Disposal Scheme (revised)	116,204
Maldon Rural District Council	Langford Village Drainage Scheme	11,750
Saffron Walden Rural District Council	Foul sewer ejector station and rising main, Birchanger and Stansted	6,300
Tendring Rural District Council	Foul sewer, Amerells Road and Feverills Road, Lt. Clacton	10,068

Since the Act came into force in 1944 some 80 schemes have been completed. Costs have soared and whilst most authorities thus reap the benefit of their earlier initiative, there remain some authorities who have not been so progressive. In such instances progress must be expedited or economical factors may have a retarding effect.

Particulars of new sewerage schemes recently completed, works under construction, and schemes anticipated to be carried out in the near future are as shown in Appendix XI.

County Council Sewage Disposal Works

One hundred and three visits were paid to sewage disposal works owned by the County Council. These serve schools, residential establishments, etc.

Seventy samples of treated effluents were obtained of which 48 complied with the standard suggested by the Royal Commission on Sewage Disposal. All results are notified to the County Architect together with any due observations regarding the works. Servicing is carried out by a mobile squad controlled by the County Architect, an arrangement which continued to prove very satisfactory.

REFUSE DISPOSAL

The population within the County continues to increase, existing industries expand and new ones are established. Accentuated by the establishment of smokeless zones and the higher standard of living, which has resulted in an ever-increasing variety of goods being packaged and tinned, the bulk of refuse both domestic and trade, continues to increase. Apart from refuse from within the County, vast quantities are received from the Greater London area and offensive trade wastes even come from as far as Hertfordshire.

The lighter refuse is more difficult to control. The amount of useful ash in refuse is becoming negligible and the percentage of plastics, which will take perhaps 50 years to break down, increases.

Apart from the Thameside where large areas of marshland are still available for controlled tipping, there are areas where old suitable gravel or clay pits have been filled, with the result that the tendency is for the cost of controlled tipping to increase as the mileage to be travelled to the tips becomes greater.

There are 91 tips which come within the provisions of the Essex County Council Act, 1933, and/or are subject to planning restrictions. Some 73 inspections were carried out during the year. For reasons previously stated enforcing an adequate maintenance standard as legally required becomes increasingly difficult. Many contractors and District Councils concerned are finding it hard to retain the men employed on refuse tips and frequent visits to some tips are essential. On the other hand, some small tips operated by contractors give little cause for anxiety in regard to health hazards, spread of animal diseases, atmospheric pollution by obnoxious or dangerous gases, fire or explosion risks or possible pollution of underground water.

The Essex County Council Act, 1933, is now out of date and the additional requirements to deal with modern conditions are included in the new Essex County Council Bill which, it is anticipated, will be promoted in the 1966/67 Session of Parliament.

RURAL HOUSING

There was a slight increase generally in local authority housing activity as regards the demolition, closure and repair of dwellings. With 269 unfit houses made fit, the Lexden and Winstree Rural District Council have the highest figures in that category. While the Halstead Rural District Council shared the highest total of houses demolished with the Chelmsford Rural District Council, the former, in addition, had the second largest total of houses rendered fit. Chelmsford, alone among the rural authorities, made substantial use of the provisions of the Public Health Acts in securing that dwellings were fit for human habitation.

Authorities continued to make progress in slum clearance. The Lexden and Winstree Rural District Council require only two years to deal with 100 remaining houses, but the Tendring Rural District Council consider ten years necessary in which to deal with 220. That final year when all unfit houses will either have disappeared or been rendered fit for human habitation remains an elusive target. Re-housing programmes tend to fall behind schedule; there is always the unexpected to be contended with, as standards rise more houses may be judged unfit and always there are the pressing demands of other duties.

Improvements of dwelling-houses continued at much the same rate as in 1964. Such improvements may be made with the aid of grants from local authorities being either discretionary under the Housing (Financial Provisions) Act, 1958, or compulsory under the House Purchase and Housing Act, 1959. How these grants were made during the year is shown in Table IX on page 105. The highest amount paid in discretionary grants was made by the Maldon Rural District Council, but with 69 the Chelmsford Rural District Council had the highest number of dwellings concerned. On the other hand the Rochford Rural District Council played no part in this form of encouragement to house owners.

Under the House Purchase and Housing Act, 1959, the Lexden and Winstree Rural District made the highest contribution with a grand total of £10,644, but the largest number of houses concerned, 85, was to the credit of the Epping and Ongar Rural District Council. The Halstead Rural District Council were at the bottom of the scale with a sum of £1,480 and 15 dwellings respectively. While noting these particulars it has to be borne in mind that much depends on the number of houses in a district still needing and capable of improvement, the awareness of house owners to the assistance open to them and to the number of applications consequently made.

The outstanding rate of development taking place in the Chelmsford and Rochford Rural Districts is evident from a perusal of Table X on page 106. The total number of dwelling houses erected by the Rural District Councils has increased by 11 per cent. over the 1964 total, while the number erected by private enterprise decreased by 7 per cent. The number of applicants on Council house waiting lists who are in urgent need of re-housing remains little changed in total. Figures for the Lexden and Winstree Rural District show a marked decrease while in the case of the Tendring Rural District Council a much smaller figure than 300 would have been anticipated in view of only 18 in 1964, but it is understood this Authority now regard the former figure as the more realistic.

ATMOSPHERIC POLLUTION

Daily measurements of smoke and sulphur dioxide were made at eight sites throughout the county as part of the National Survey of Air Pollution.

These sites were chosen in collaboration with the Warren Spring Laboratory of the Ministry of Technology as being representative of varying sizes of urban development as well as of rural areas.

The survey is scheduled to end in the Spring of 1967 when computer analysis of the results will assess, *inter alia*, if there is a drift of pollution from centres of population into the more rural parts of the County.

ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT

Premises used by chiropodists and physiotherapists in the course of their professional duties are licensed under the Essex County Council Act, 1933, and are inspected by staff of the Department.

Four new licences were granted during 1965. This is the lowest total for many years and may be partly due to the County Council extending their own chiropody service.

68 existing licences were renewed. The standard of the establishments in use was generally very satisfactory.

A total of 216 inspections were made.

SECTION III—THE CARE OF MOTHERS AND YOUNG CHILDREN

Child Welfare Centres

The County Council, at the end of 1965 were providing 214 Child Welfare Centres of which 45 were in purpose-built buildings, 14 in adapted buildings and 155 in hired premises. During the year 46,245 infants attended the centres, making in all 314,129 visits.

New Centres started

Essex County Health Services Clinic,
Springfield, Chelmsford
Endowed Primary School, Canewdon
8 Essex Way, South Benfleet
Village Hall, Linford
Gardner Hall, Fobbing
Lee Chapel North Community Centre,
Basildon

Centres discontinued

Women's Institute Hut, Springfield
Village Hall, Canewdon

Distribution of Welfare Foods

The distribution of welfare foods continued throughout the year and in the Administrative County there were 291 centres for this purpose, i.e. 120 in Health Services Clinics and 171 in various other premises. The under-mentioned figures indicate the quantities of welfare foods, including national dried milk, distributed to beneficiaries during the year 1965 :—

Orange juice and Vitamin C (bottles) ...	...	404,003
Vitamin A and D tablets (packets) ...	...	28,868
Cod liver oil (Vitamin A and D) (bottles) ...	...	26,611
National dried milk (tins) ...	...	236,963

Medicaments and Nutriment

The supply of medicaments free of charge to mothers and young children attending Child Welfare Centres continued throughout the year. With regard to nutriment, however, it was considered that the sale of large varieties of these proprietary foods and nutriment had for some time interfered with the main function of the clinics, i.e. to offer medical advice to mothers with young children. The Health Committee, therefore, agreed that as from October 1965, when the stocks in hand had been exhausted, only five types of nutriment would be kept at clinics for sale to mothers and these only on the recommendation of the medical officer, health visitor, or midwife in attendance or the general medical practitioner, the five products to be sold being :—

- (a) An evaporated or dried milk
- (b) A cereal food
- (c) A Vitamin B preparation
- (d) A Vitamin C preparation
- (e) A preparation to assist lactation

The last four items are standard throughout the County but the milk preparations vary according to the wishes of the Area Medical Officers, bearing in mind the requirements of the local maternity hospital (s).

Dental Inspection and Treatment

The report of the Chief Dental Officer on the work of the County Dental Service will be found on page 78.

The following table gives details of dental treatment provided for expectant and nursing mothers and young children throughout the Administrative County during 1965 :—

	<i>Expectant and Nursing Mothers</i>	<i>Children under five years of age</i>
Number examined	554	2,834
Number who commenced treatment	434	1,539
Courses of treatment completed	370	1,309
Dental Treatment provided:		
Scalings and gum treatment	296	21
Fillings	838	1,855
Silver nitrate treatment	11	611
Crowns and inlays	4	—
Extractions	430	916
General anaesthetics	48	494
Dentures provided :—		
Full upper or lower	21	—
Partial upper or lower	44	—
Radiographs	62	17

Detection and Treatment of Phenylpyruvic Oligophrenia

During the year, 26,267 urine tests were carried out in connection with the arrangements for the detection and treatment of phenylpyruvic oligophrenia. In no instance was there a positive reaction.

Day Nurseries

From 1st April when the reorganisation of Local Government in Greater London came into effect, the County Council have provided six day nurseries with a total accommodation for 250 children, three of which are approved for training purposes. The total daily average attendance during the year was 216.

Daily Guardians Scheme

At the end of 1965 there were nine Daily Guardians, these being in the South-East Essex Health Area, but only three children were being cared for.

Nurseries and Child Minders Regulation Act, 1948

The following table shows the number of premises and child minders registered by the County Council in accordance with the requirements of the Nurseries and Child Minders Regulation Act, 1948, and the number of children for whom provision was being made at the end of 1965 :—

Health Area/ Delegatee Authority	NURSERIES		CHILD MINDERS	
	Number Registered	Number of Children Provided for	Number Registered	Number of Children Provided for
North-East Essex	7	120	14	116
Mid-Essex	36	889	30	285
South-East Essex	11	211	23	136
Thurrock	3	104	6	37
West Essex	25	588	20	200
Harlow	11	327	10	55
Basildon U.D.C.	12	227	11	72
Colchester M.B.C.....	6	155	3	10

Child Guidance

In view of the continued shortage of psychiatrists it has not been possible to make any progress with the suggested arrangements for Child Guidance Teams to advise staff at Child Welfare Centres on problems of emotional development or behaviour difficulties found in mothers and young children.

However the usual co-operation between the Child Guidance Clinic staffs and the staff at the Child Welfare Clinics continued.

Convalescent Treatment

During the year under review eight mothers and 19 young children were provided with recuperative holidays in accordance with arrangements made under Section 22 of the National Health Service Act, 1946.

Child Development Sessions

I referred in my previous report to the increasing popularity of child development sessions and the anticipated extension of these facilities. This forecast, it will be seen, was well founded when one considers that following London Government Reorganisation, six of the ten clinics then in existence (providing a total of 12 sessions) ceded to the new London Boroughs, yet during the year six new clinics started in the new Administrative County making a total of 10 clinics providing 19 sessions, as follows :—

Colchester	...	...	Shrub End, Colchester	...	...	1
North-East Essex	...		Mistley	...	...	1
South-East Essex	...		Gt. Wakering	...	...	2
			Hockley	...	...	2
			Canvey Island	...	...	3
Basildon	...	...	Gt. Oaks	...	...	2
			Graylands	...	...	2
			Wickford	...	...	2
Harlow	...	...	Lister House	...	...	2
			Sydenham House	...	...	2

Boarded-out Children

The medical examination of boarded out children continued throughout the year, a total of 722 children being examined. Of these, 219 were found to have some defect requiring either observation or treatment, and details were forwarded to the Area Medical Officer concerned so that any necessary action could be taken. The majority of these examinations are undertaken by general medical practitioners, the remainder being done by the County Council's medical staff.

Congenital Malformations apparent at Birth

Cases of congenital malformations apparent at birth have continued to be reported by the doctor or midwife notifying the birth and during 1965, 289 live and stillborn infants were so reported. These cases are equivalent to 14.2 per thousand births during the year, a figure marginally higher than that for the former Administrative County in 1964. Rates in Health Areas varied from 19 in South-East Essex to eight in West Essex. More reports were received in January and December than in other months but there was no clear seasonal pattern for all or any particular malformation.

The types of defect recorded are given in the following table, multiple malformations being recorded once under each defect. The most frequent combination of defects was cleft lip and cleft palate which occurred in 14 babies and these cases are included in defect code numbers 21 and 22 respectively. Of the total of 289 cases, 159 were males and 130 females, the difference between the sexes being due to the much greater number of defects of the male than the female genital organs. Among individual malformations, anencephalus was reported in 14 females and only five males and cleft lip in 14 males and only six females.

Thirty-six or about 12 per cent. of all the infants reported were stillborn. Of these, 14 had anencephalus and ten had other defects of the central nervous system. The remaining 12 suffered a variety of other defects.

Congenital Malformations apparent at Birth recorded in 1965

Code No.			Defect	No. of defects			Defects per 1,000 births
				M.	F.	Total	
01	.....	.....	Anencephalus	5	14	19	0.93
04	.....	.....	Hydrocephalus	9	7	16	0.78
08	.....	.....	Spina bifida	16	11	27	1.33
00, 02, 03, 05-07, 09	.....	.....	Other defects of central nervous system	4	3	7	0.34
10-15	.....	.....	Defects of eye	2	1	3	0.15
16-19	.....	.....	Defects of ear	3	2	5	0.25
21	.....	.....	Cleft lip	14	6	20	0.98
22	.....	.....	Cleft palate	14	11	25	1.23
20, 23-29	.....	.....	Other defects of alimentary system	2	2	4	0.20
30-39	.....	.....	Defects of heart and great vessels	3	1	4	0.20
40-49	.....	.....	Defects of respiratory system	3	2	5	0.25
56	.....	.....	Hypospadias, epispadias	24	—	24	1.18
57	.....	.....	Other defects of male genitalia	9	—	9	0.44
50-55, 58, 59	.....	.....	Other defects of uro-genital system	—	4	4	0.20
62	.....	.....	Reduction deformities	2	—	2	0.10
63	.....	.....	Polydactyly	4	3	7	0.34
64	.....	.....	Syndactyly	2	1	3	0.15
66	.....	.....	Talipes	37	41	78	3.84
68	.....	.....	Defects of hand	4	4	8	0.39
60, 61, 65, 67, 69	.....	.....	Other and unspecified defects of limbs	16	15	31	1.52
70-79	.....	.....	Other skeletal defects	6	2	8	0.39
80, 81	.....	.....	Defects of face and neck	5	2	7	0.34
83	.....	.....	Vascular defects of skin, etc.	3	5	8	0.39
84	.....	.....	Other defects of skin	1	2	3	0.15
96	.....	.....	Mongolism	9	7	16	0.78
82, 85-95, 97-99	.....	.....	Other specified and unspecified defects	3	9	12	0.59
Total No. of Children				159	130	289	14.21

Audiology Service

As a result of guidance given jointly by the Ministries of Health and Education in 1961 and 1962, emphasising the importance of the early diagnosis of defective hearing in young children in order that treatment may be provided at the earliest possible moment to ensure the best prospect of success, the County Council gave approval in 1964 to the introduction, in association with the North-East Metropolitan Regional Hospital Board, of a comprehensive Audiology Service. The Ministry of Health agreed to the necessary amendment to the County Council's proposals under Section 22 of the National Health Service Act, 1946, to permit the introduction of the service.

The service will provide for the screening of as many pre-school and school children as possible at intervals commencing with the first year of life and the setting up of Audiology Clinics staffed by the County Council with specialists provided by the North-East Metropolitan Regional Hospital Board. The ultimate aim is to provide at least one Audiology Clinic in the area of each Health Area Sub-Committee/Delegatee Authority in Health Services Clinics, using rooms especially adapted and equipped for this purpose.

Owing to the shortage of specialist staff (a difficulty which was anticipated) it was not until late in the year that the North-East Metropolitan Regional Hospital Board were able to obtain the services of a consultant otologist. This enabled a clinic to be established at Chelmsford, Colchester and Rayleigh respectively, at each of which Mr. S. E. M. Bates, Consultant Otologist devoted six half-days a month.

A number of medical and nursing staff have already been trained in hearing-testing techniques and this specialised training will continue to be provided until a sufficient number of staff are available to meet the requirements of the service.

In view of the limited resources available at present, the service is being provided initially, for children under 5 years of age—priority being given firstly to the testing and ascertainment of those known to be “at risk,” secondly to the screening of as many pre-school children as possible at selected ages, and thirdly to the routine screening of all schoolchildren in selected age groups.

It is appreciated that the success of this scheme depends largely on the co-operation of general practitioners and, with the assistance of the Executive Council for Essex, full details of the service were sent to all general medical practitioners in the Administrative County.

The three clinics which have been established have been very successful and in the near future it will be necessary to increase the number of weekly sessions to cope with the number of children referred.

SECTION IV—THE MIDWIFERY, HOME NURSING AND HEALTH VISITING SERVICES

Midwifery Service

The number of midwives (excluding those employed by Hospital Management Committees or Boards of Governors under the National Health Service Act, 1946) who notified their intention to practise in accordance with the provisions of the Midwives Act, 1951 is given below :—

<i>Form of practice</i>	<i>Domiciliary Midwives</i>	<i>Other Midwives</i>	<i>Total</i>
(a) Domiciliary Midwives employed by the Authority	214	—	214
(b) Other midwives—employed in Nursing Homes or in private practice	—	29	29
TOTAL	214	29	243

Domiciliary midwives employed by the County Council attended 7,104 confinements during the year and in all but 72 of these a doctor was booked for the confinement.

The total number of births notified during the year under Section 203 of the Public Health Act, 1936 was 20,339 and of these 13,093 occurred in hospital, (64·4 per cent.) The percentages of hospital confinements throughout the Administrative County during the past two years were as follows :—

	1964	1965
	%	%
Colchester M.B.	75·6	77·7
North-East Essex	80·2	82·8
Mid-Essex	*	69·3
South-East Essex	46·8	46·9
West Essex	*	70·2
Harlow	54·4	62·0
Thurrock	*	47·6
Basildon U.D.	53·9	55·4

* Comparable figures not available

It will be seen that there was an increase in hospital confinements for all areas for which comparative figures are available, the increase being especially marked in Harlow owing to the opening of part of the new Princess Alexandra Hospital.

Early Discharge of Maternity Patients from Hospital

Following the issue by the Ministry of Health of a memorandum inviting appropriate hospital authorities, in concert with Local Health Authorities and Executive Councils, to consider arrangements for the planning of local schemes for the discharge of maternity patients from hospital before the minimum statutory lying-in period of not less than ten days, new arrangements for early discharge have been introduced in many parts of the Administrative County, responsibility for the care of the mothers and children being transferred to general practitioners and domiciliary midwives. The early discharge of maternity patients from hospital, many discharges taking place 48 hours after delivery, does, of course, place extra work upon the domiciliary midwifery service, and during the year under review 4,390 patients were discharged home before the tenth day.

Telephone-Answering Service for Domiciliary Midwives

The experimental use of telephone-answering equipment commenced during the year in one Health Area and one Delegatee Authority area with a view to providing information as to the suitability or otherwise of this service and of determining the best system to adopt for a pilot scheme. Alternative telephone-answering systems have been installed by different suppliers free of charge and without obligation.

It is thought that a telephone-answering service, installed at the homes of midwives, which would not only record messages but also give information as to the whereabouts of the midwife or give the names of midwives on duty, would be an asset to the midwifery service. At the end of the year the trials were still proceeding.

Analgesia

All the 214 domiciliary midwives employed by the County Council were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board and, during the year, inhalational analgesia was administered to patients in 79·6 per cent. of home confinements. The numbers of cases were as follows :—

Gas and Air	...	...	...	...	...	...	3,527
Trilene	...	...	...	...	...	...	2,128
Pethidine	...	...	...	...	...	...	4,203

Ante-natal and Post-natal clinics

The following table shows the attendances at ante-natal and post-natal clinics during 1965 :—

	Number of women in attendance	Total number of attendances At Medical Officers' sessions	At Midwives' sessions
For ante-natal examination	7,070	8,286	25,613
For post-natal examination	149	216	—

Puerperal Pyrexia

During the year a total of 128 cases of puerperal pyrexia were notified. Of this total only 26 cases occurred in domiciliary confinements.

Ophthalmia Neonatorum

The number of cases of ophthalmia neonatorum notified during 1965 was six, there being no impairment of vision in any of these cases.

Maternal Deaths

Two deaths attributed to pregnancy, childbirth or abortion occurred during the year. The maternal death rate per thousand live births in the County was 0·10 as compared with the rate in England and Wales of 0·25.

Detailed reports on each of these deaths were sent to the Regional Assessor.

Care of Unmarried Mothers and their Babies

As mentioned in previous reports, the Chelmsford Diocesan Moral Welfare Association undertake the care of unmarried mothers and their children for the County Council on an agency basis.

Under this arrangement 177 mothers were admitted to hostels during 1965. Of these, 58 were cared for in hostels outside the Administrative County.

Training of Pupil Midwives

Arrangements continued during the year whereby, in association with Hospital Management Committees, the County Council provide domiciliary experience for pupil midwives undertaking second period midwifery training at various hospital training schools, the pupils receiving instruction, extending over a period of three months, from teaching district midwives.

At the end of the year 95 pupils had received or were receiving domiciliary training under these arrangements, 36 of these pupils being accommodated in nurses' homes administered by the County Council and 27 being accommodated with teaching district midwives and private landladies.

HOME NURSING SERVICE

The total number of patients attended by home nurses in 1965 was 14,232 and the total number of visits made to these patients was 398,208. Details of these visits are shown in the following table :—

Age group	Number of patients visited	Number of visits paid
Under 5 years of age	514	3,183
Over 5 and under 65 years	4,874	95,985
Over 65 years of age	8,844	299,040
All ages	14,232	398,208

HEALTH VISITING

Staff

At the end of the year there were 138 full-time and 14 part-time health visitors, in addition to 3 full-time and 1 part-time tuberculosis visitors.

The scheme for sponsoring student health visitors continued throughout the year and the 18 students mentioned in the Report for 1964 duly passed the examination for the Health Visitors' Certificate.

Mothercraft and Relaxation Classes

Classes in mothercraft and relaxation continued to be provided for expectant mothers attending the County Council's ante-natal clinics. 4,040 expectant mothers attended these classes during the year, of whom 2,713 were booked for confinement in hospital and 1,327 for confinement at home. The total number of attendances was 21,720.

Home Visits

A total of 81,127 persons were visited in their homes by health visitors during 1965 and the total number of visits made to these persons was 197,441. Details are given in the following table:—

Age group				Number of patients visited	Number of visits paid
Under 5 years of age	.....	.....	.....	69,550	163,964
65 years of age and over	.....	.....	.....	5,342	16,337
Others	.....	.....	.....	6,235	17,140
All ages				81,127	197,441

SECTION V—PREVENTIVE MEDICINE CARE AND AFTER-CARE—TUBERCULOSIS

During 1965 Medical Officers of Health notified 242 cases of respiratory and non-respiratory tuberculosis compared with 273 in 1964 in the same County Districts. The following table gives the age and sex distribution of the 242 cases notified:—

	Sex	0-	2-	5-	15-	25-	35-	45-	55-	65-	75-	Not known	Total (all ages)
Respiratory.....	M	—	9	9	13	16	19	27	22	15	4	3	137
	F	—	4	10	16	11	13	7	4	3	4	—	72
Non- Respiratory	M	—	—	1	2	3	2	2	2	1	2	1	16
	F	—	1	1	1	1	4	3	3	1	2	—	17

The number of primary notifications, and the deaths in the County Districts comprising the new Administrative County of Essex for the years 1963, 1964 and 1965 were as follows :—

		Respiratory Tuberculosis		Non-Respiratory Tuberculosis		Tuberculosis (all forms)		
		No. of notifications	No. of Deaths	No. of notifications	No. of Deaths	No. of notifications	No. of Deaths	Rate per 1,000 population Notifi- cations Deaths
1963	.....	253	29	32	3	285	32	0.25 0.03
1964	.....	237	25	36	2	273	27	0.23 0.02
1965	.....	209	28	33	4	242	32	0.20 0.03

Domiciliary Visits

The number of tuberculous households visited was 2,067 of which 863 were visited by tuberculosis visitors and 1,204 by health visitors. Tuberculosis visitors are employed in only three Health Areas, i.e. West Essex, Harlow and Thurrock. During 1965 health visitors and tuberculosis visitors attended 1,138 sessions at chest clinics and made 2,876 visits to patients in their own homes.

Follow-up of Contacts

2,325 contacts of the cases notified were examined for the first time during the year under review, and a total of 10,354 examinations were made of contacts in 1965.

Open Air Shelters

In the Administrative County at the present time, there are only four open air shelters in use, and during 1965 sixteen visits of inspection were made by health visitors.

B.C.G. Vaccination

The scheme for the vaccination of contacts of patients suffering from respiratory tuberculosis, in respect of whom Mantoux tests had proved negative, continued during 1965, the number vaccinated being as follows :—

Number of Contacts skin-tested ...	...	...	...	1,120
Number of Contacts found to be negative ...	...	...	...	909
Number of Contacts found to be positive ...	...	...	...	172

During the year the B.C.G. vaccination of school children and students also continued and the figures are given below :—

Number of pupils and students skin-tested ...	...	...	8,536
Number of pupils and students with :—			
(a) Positive results ...	...	...	847
(b) Negative results ...	...	...	7,468
(c) Vaccination with B.C.G. ...	...	...	7,358

Extra Nourishment

During 1965 the practice of supplying patients with free milk continued and 82 new cases of tuberculosis, plus 52 new cases of other chest diseases, were supplied with free milk. At the end of the year 726 cases in all (tuberculosis and other chest conditions) were in receipt of free milk.

Rehabilitation

At the end of 1965 there was only one patient from the Administrative County receiving financial assistance for maintenance at a Rehabilitation Centre.

Mass Radiography

The North-East Metropolitan Regional Hospital Board continued to operate two mobile radiography units in parts of the Administrative County. A total of 75 sessions were held at factories, hospitals, etc. The total number of persons X-rayed was 70,487 (43,969 males and 26,518 females).

Tuberculosis Care Associations

There are now 11 Tuberculosis Care Associations operating in the Administrative County and their total expenditure for the year was £5,382, made up as follows : —

								£
Milk and Groceries	...	...	...	...	...	...	...	3,784
Fuel	...	...	...	...	...	...	...	517
Fares	...	...	...	...	...	...	...	70
Clothing, Furniture, etc.	...	...	...	...	...	...	...	142
Holidays, Outings, etc.	...	...	...	...	...	...	...	83
Diversional Therapy	...	...	...	...	...	...	...	30
Other Grants	...	...	...	...	...	...	...	684
Special Efforts	...	...	...	...	...	...	...	353
Printing, Postages, etc.	...	...	...	...	...	...	...	169
Total								5,832

The sum of £1,200 was allocated by the Public Protection Committee under the Sunday Entertainments Act, 1932, for distribution to Tuberculosis Care Associations and the arrangement whereby the County Council make grants to Care Associations on the basis of £2 for each 1,000 population, plus a sum of not exceeding £25 in respect of postages and other petty disbursements, continued during 1965.

OTHER ILLNESSES

Recuperative Convalescence

During 1965, recuperative holidays were arranged for 249 patients under Section 28 of the National Health Service Act, 1946.

Loan of Sickroom Equipment

The arrangements for sickroom equipment to be made available on loan, either from home nurses or Health Area Stores, continued throughout the year. Larger items of equipment were stored centrally, but were available as required.

INFECTIOUS DISEASES

Table V on page 101 shows the corrected numbers of notifications of infectious disease received by Medical Officers of Health of County Districts during 1965. The year was marked by an above average incidence of scarlet fever (866 cases being notified compared with 586 and 532 in the same County Districts in 1964 and 1963) a low incidence of whooping cough and dysentery and for the first time for many years no cases of acute poliomyelitis. Measles showed the usual biennial variation and the number of cases in 1965 was very similar to the number in 1963. There was a further satisfactory decline in the number of notified cases of respiratory tuberculosis. The number of cases of infective hepatitis notified was 230, very many fewer than in 1964, but more than in each of the preceding nine years. Attention is drawn to the article entitled "The Epping Jaundice" reproduced in Appendix I.

VACCINATION AND IMMUNISATION

Smallpox

The following table gives details of the number of persons under 16 years of age, vaccinated or re-vaccinated, during 1965 :—

	0·3 months	3·6 months	6·9 months	9·12 months	1 year	2·4 years	5·15 years	Total
No. vaccinated	127	429	611	845	7,113	3,421	573	13,119
No. re-vaccinated	—	—	2	1	6	201	815	1,025

No cases of generalised vaccinia were reported during the year.

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis

The number of persons under 16 years of age who completed primary courses of injections and received reinforcing doses, protecting them against diphtheria, whooping cough, tetanus and poliomyelitis during the year, is set out in the following table :—

	Year of Birth					Others under 16 years of age	Total
	1965	1964	1963	1962	1958- 1961		
Primary Courses							
Diphtheria	6,313	10,496	1,529	522	889	364	20,113
Whooping Cough	6,263	10,337	1,406	432	497	117	19,052
Tetanus	6,288	10,495	1,538	531	3,051	3,355	25,258
Poliomyelitis	3,427	13,193	2,404	826	1,556	525	21,931
Reinforcing Doses							
Diphtheria	11	2,117	4,616	1,084	8,988	1,681	18,497
Whooping Cough	7	2,070	4,419	964	3,697	447	11,604
Tetanus	11	2,115	4,639	1,109	9,404	4,182	21,460
Poliomyelitis	4	119	271	264	12,971	1,091	14,720

Protection was usually given by triple (D.P.T.) antigens and Sabin oral poliomyelitis vaccine but a substantial number of older children were given tetanus toxoid injections, as may be seen by the following figures :—

	Primary Courses		Re-inforcing Doses	
Quadruple (D.T.P.P.)	259	55
Triple (D.P.T.)	18,744	11,274
Diphtheria/Pertussis	—	3
Diphtheria/Tetanus	1,014	4,711
Diphtheria	96	2,454
Pertussis	49	272
Tetanus	5,241	5,420
Poliomyelitis—Salk	600	445
Poliomyelitis—Sabin	21,072	14,220

Yellow Fever

The centre providing vaccination against yellow fever was transferred from the Health Services Clinic in Coval Lane, Chelmsford, to the Health Suite in the new Tower Block, County Hall. 239 injections were given during 1965, the charge remaining at £1 1s. 0d. per person, subject to reduction in accordance with the County Council's assessment scales.

Anthrax

On 6th September, 1965, the Ministry of Health issued Circular 19/65 to all local health authorities drawing their attention to the desirability of vaccination against anthrax for workers exposed to special risks of contracting the disease.

The workers mainly concerned are those in establishments such as tanneries; glue, gelatine, soap and bone meal factories and woollen mills, who regularly handle one or more of the raw materials specified which, broadly speaking, are wool; alpaca; horse, camel and goat hair; trimmings from raw hides; bones and bone meal also hoof and horn meal which are imported from certain specified countries.

The Minister of Labour has advised all establishments whose employees may be exposed to the risk of contracting anthrax of the desirability of vaccination against this disease, but it has been ascertained from the three H.M. District Inspectors of Factories concerned that at the present time there are no establishments in the Administrative County where any such risk is known. However, it is possible that a small number of persons living in Essex and employed in factories outside the Administrative County may seek this form of protection and there is also the possibility that such a factory may be established in the County at some future date.

In these circumstances, the County Council has approved arrangements being made under Section 26 of the National Health Service Act, 1946, for the provision, normally by general medical practitioners, of vaccination against anthrax for those persons exposed to special risks of contracting the disease.

VENEREAL DISEASE

The new cases of syphilis, gonorrhoea and other conditions diagnosed at Special Clinics in the Administrative County were as follows :—

	Syphilis		Gonorrhoea		Other Conditions	
	Male	Female	Male	Female	Male	Female
Chelmsford	2	—	8	19	136	195
Colchester	2	4	33	15	159	72
Harwich	—	—	1	—	24	5
Tilbury	25	1	48	3	385	46
Total	29	5	90	37	704	318

The above figures do not represent all the Essex cases seen at Special Clinics as it is known that many cases attend clinics at Hospitals in London, Southend-on-Sea and neighbouring Counties. In previous years it has been possible to give some idea of the numbers involved, but as Special Clinics do not generally make any distinction between cases residing in the new Administrative County of Essex and the London Boroughs which were formerly part of Essex, no figures are available for 1965. On the other hand it is certain that some of the cases tested at Essex Clinics do not reside within the Administrative County.

The age distribution of the 127 cases of gonorrhoea shown in the above table is as follows :—

	<i>Under 16 years</i>	<i>16 and 17 years</i>	<i>18 and 19 years</i>	<i>20 — 24 years</i>	<i>25 years and over</i>
Males	—	2	6	28	54
Females	9	2	5	6	15

HEALTH EDUCATION

The Health Education programme continued to expand throughout the year and the following figures may be of interest :—

Group Teaching Sessions

By health visitors at—							
Schools	...	...	...	...	...	...	489
Professional Organisations	...	...	...	...	...	...	40
Youth Groups	...	...	...	...	...	...	62
Others	...	...	...	...	...	...	590
By medical officers and others							
(excluding Health Education Organiser)	...	...	...	...	...	...	26

Film Shows

During 1965, 650 films were shown at 521 different film shows on various subjects, as follows :—

Ante-natal Care	...	...	...	...	...	...	110
Care of the Elderly	...	...	...	...	...	...	11
Dental Health	...	...	...	...	...	...	38
Food Hygiene	...	...	...	...	...	...	12
Home Safety	...	...	...	...	...	...	42
Mental Health	...	...	...	...	...	...	4
Nutrition	...	...	...	...	...	...	40
Parentcraft and Family Care	...	...	...	...	...	...	112
Personal Health and Hygiene	...	...	...	...	...	...	18
Resuscitation	...	...	...	...	...	...	58
Sex Education	...	...	...	...	...	...	21
Smoking and Health	...	...	...	...	...	...	22
General, including First Aid	...	...	...	...	...	...	162

In addition, by arrangement, 112 films were shown in the areas covered by the new London Boroughs.

Exhibitions and Displays

In Health Department premises	...	...	...	...	61
Elsewhere	...	...	...	...	58

The subjects concerned varied widely, including smoking and health, sex education, (including venereal disease) prevention of accidents, foot health, mothercraft and mouth-to-mouth resuscitation.

Dental Health Film

In connection with the Harlow Dental Health Campaign a 15-minute colour/sound film was made showing some of the activities. Not only has this film been shown to varied audiences within the County but it has also been loaned to several other local authorities, and the General Dental Council has shown it in several places in Northern Ireland to help initiate Dental Health Education projects there. One copy is currently on extended loan in South Africa.

Dental Health Education

The Harlow campaign is now in its final stages and follow-up work will continue to ensure that the benefits attained are not neglected.

Smoking and Health

The Health Education Programme which continued throughout the year on the dangers of cigarette smoking was aimed primarily at teenagers through the media of publicity campaigns on smoking and health in schools, teachers training colleges, technical colleges, health services clinics, youth clubs and other clubs and meetings for young people throughout the Administrative County. In addition to these campaigns, every opportunity was taken in the course of day to day health education activities to bring the dangers of smoking to the public attention by means of visual aids such as films and posters.

The most recent posters on this subject are continuously on display at Health Services Clinics and these are regularly changed to ensure a maintained interest.

Venereal Disease

Efforts were continued during the year to advance further the introduction of this subject into the school health education programme by meetings with head teachers and their staffs with a view to the subject being introduced in an acceptable manner during appropriate lessons. Consideration was also given to the holding of courses in teaching methods for Health Department medical and nursing staff and it is hoped to commence these during the coming year in co-operation with the Central Council for Health Education.

Posters advertising Venereal Disease Clinics continued to be exhibited in suitable public places.

Home Safety

At the end of 1965 there were eight Home Safety Committees in operation in the Administrative County and a grant of £20 was again made to each Committee. In addition to the valuable work undertaken by these committees a considerable amount of work was undertaken by the Area Medical Officers and the Central Office Health Education staff.

DOMESTIC HELP SERVICE

At the end of December 1965, the following staff were employed in the Domestic Help Service :—

Whole-time Helps	...	...	...	...	...	6
Regular Part-time Helps	...	...	...	...	...	1,098
Other Helps (Casual)	...	...	...	...	...	768
Total						1,872

The time worked by these 1,872 helps was equivalent to the full-time employment of 710 helps.

The following table gives details of the cases helped and the hours of help provided :—

Category	New Cases	Total Cases	Hours provided
Aged Persons	1,941	7,044	1,115,123
Chronic Sick (including Tuberculosis) under 65 years	332	928	133,043
Maternity	1,336	1,417	47,839
Others	483	626	33,966
Total	4,092	10,015	1,329,971

The 626 other cases referred to in the above table include the following :—

Mental disorders under 65	...	...	...	...	26
Acute illness	...	...	...	...	424
Harassed mothers	...	...	...	...	57
Problem families	...	...	...	...	17
Absence of mother	...	...	...	...	73

Training

During the year three centrally arranged training courses took place. Since the training of helps commenced in 1958, several hundred women have successfully completed a central course.

The enthusiastic approach and interest in training taken by the helps who attended each course and the obvious benefits they derive from their attendance, is shown by their increasing value to the service when back on duty.

One local course took place during the year in addition to the central courses.

Neighbourly Help Service

Since the experimental Neighbourly Help Service has proved the need for this type of assistance, the service was extended during the year to cover the whole County. As was learnt from the pilot scheme, a special and specific need is being met by the neighbourly help who is prepared to assist her neighbour at times suitable to her rather than, as with the Domestic Help Service, at prescribed times.

Transport

Arrangements were made for a small number of domestic helps to use their own cars on duty. This has proved invaluable since not only are a number of patients in isolated districts assured of prompt help, but the Organiser in a rural area is not required to spend her time searching for a suitable individual who may or may not be prepared to attend a particular patient.

NIGHT ATTENDANCE SERVICE

The Night Attendance Service continued to be provided for cases in the following categories :—

- (a) Patients residing alone who are seriously ill.
- (b) Patients seriously ill in their own homes where an aged husband or wife cannot provide the necessary assistance.
- (c) The relief of relatives who have to give routine night attention to sick people.

During 1965 the following requests were met :—

Requests for help ...	...	...	...	...	...	112
New cases helped ...	...	...	...	...	...	92
Total cases helped ...	...	...	...	...	...	96

Of the cases helped, 23 were patients residing alone; 21 were owing to the inability of an aged spouse and 52 in relieving relatives.

Some 7,250 hours of assistance were provided under this scheme.

DISPOSABLE PADS FOR INCONTINENT PERSONS

The Council have continued to provide disposable pads free of charge for incontinent persons and also as an alternative provision and where their use is considered desirable arrangements are made for the free loan of cotton draw-sheets to any incontinent person living at home.

As previously reported, the disposal of pads continues to pose occasional problems in smokeless zones where there are no open fire grates but these problems are not insurmountable and in such instances disposal in the dustbin with other refuse is generally acceptable.

ROUTINE CERVICAL CYTOLOGY

For some time the general question of the introduction of a service of this nature throughout the Administrative County has been under consideration but the taking of any such step has been largely dependent upon the availability of adequate pathological facilities which are the responsibility of the Regional Hospital Boards. For several years these cytological screening tests have been carried out on women attending gynaecological clinics and out-patient departments of the larger hospitals but, during the past two years there has been increasing pressure for these facilities both from the medical profession and the informed public, not only for hospital patients but also as a means of preventing invasive cervical cancer by screening the adult female population.

Following the acceptance by the Minister of Health in 1964 of the principle that routine screening for the detection of cervical cancer should be made available to all women at risk, Regional Hospital Boards have been developing the facilities for cytology in hospital as rapidly as possible to provide for this and, following consultations with the North-East Metropolitan Regional Hospital Board and the Local Medical Committee for Essex, it was agreed that a scheme for offering routine cytological screening tests to the adult female population should be introduced where practicable.

The approval of the Minister of Health to the provision of this service under the Council's approved Proposals under Section 28 of the National Health Service Act, 1946, was subsequently received in December 1965 and it was planned to commence clinics throughout the Administrative County during 1966 as soon as the medical and nursing staff had received requisite training.

Subject to review in the light of experience, it is intended that the service shall be made available to women of all ages (with particular emphasis on those aged 35 years and over) and be limited to the taking of cervical smears at intervals to be decided according to the availability of the necessary laboratory facilities. All women will have the choice of attending either their own general medical practitioner who would provide the service in the course of his normal practice or special sessions held in County Health Service Clinics where the smears will be taken by a medical officer in the employ of the County Council.

FACTORIES ACTS, 1937 AND 1948

The County Medical Officer of Health was not called upon under Section 126 of the Factories Act, 1948, to perform or arrange the performance of the functions of factory doctors.

NATIONAL ASSISTANCE ACT, 1948

A Principal Medical Officer on the staff of the Health Department continued to visit residential hostels under the jurisdiction of the Welfare Committee. During these visits advice was given on various subjects and the arrangements for chiropody treatment for the residents were reviewed. Any special points noted were subsequently referred to the County Welfare Officer.

Welfare of the Blind

A total of 349 Forms B.D.8 for new cases were completed during 1965, in respect of residents in the Administrative County. Of these, 15 were found to have defective sight and 32 were not eligible for registration. As a result of these examinations 206 persons were registered as blind and 96 as partially sighted. 276 re-examinations for reclassification purposes were undertaken during the year, resulting in the following classifications being made :—

Blindness	...	...	...	...	...	...	78
Partially Sighted	...	...	...	...	...	...	146
Defective Sightedness	...	...	...	...	...	...	38
Not eligible for registration	...	...	...	...	...	...	14

The table which follows gives a summary of the information obtained in following up all the new cases where treatment was recommended on Forms B.D.8 :—

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
New cases only :—				
(1) Number of cases registered during the year in respect of which Forms B.D.8 recommended—				
(a) No treatment	47	16	—	167
(b) Treatment (medical, surgical or optical)	39	32	—	49
(2) Number of cases at (1)(b) above which on follow-up—				
(a) Had received treatment	34	23	—	54
(b) Had refused treatment	4	—	—	—

The County Welfare Officer has kindly provided the following figures relating to the registration of persons found to be blind or partially sighted :—

At the end of 1965, 1,909 blind persons were on the register, i.e. 755 males and 1,155 females. The age groups of these patients were as follows :—

	Under 16 years	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70 & over	Total
Male	21	16	20	41	62	78	64	80	372	755
Female	27	11	17	27	26	82	57	91	817	1,155
TOTAL	48	27	37	68	88	160	121	171	1,189	1,909

A total number of 539 were registered as partially sighted at the end of 1965, their distribution in age groups and sex being as indicated in the following table :—

	Under 16 years	16-20	21-49	50-64	65 and over	Total
Male	27	20	47	31	81	206
Female	13	12	37	50	221	333
TOTAL	40	32	84	81	302	539

CHIROPODY

At the end of 1965 the number of Chiropodists employed in the Administrative County was 21·5 equivalent whole-time.

The service which was provided for the priority categories, i.e. the aged, the physically handicapped and expectant mothers, was maintained and expanded as the staffing position permitted.

As heretofore a grant was made to the Essex Old People's Welfare Committee to enable them to assist Old People's Clubs to run a service in those districts where it was not possible for the County Council to provide the services of a chiropodist.

Regular visits by chiropodists were made to 37 hostels for aged persons maintained by the County Welfare Department representing a total of 150 sessions devoted to these residents.

The following table shows the number of cases treated and the number of treatments given during 1965 :—

	<i>New cases treated</i>	<i>Cases under treatment at 31.12.65</i>	<i>Clinic attendances</i>	<i>Domiciliary treatments</i>	<i>Treatments at Welfare Committee's Establish- ments</i>
Children	74	7	405	—	—
Physically handicapped	51	222	396	809	299
Aged over 65 years	2,483	11,196	39,302	13,545	4,803
Others	44*	559	1,890	—	—

* Includes 23 expectant mothers

REGISTRATION AND INSPECTION OF NURSING HOMES

At the end of 1965 there were 8 nursing homes registered in the Administrative County under Part VI of the Public Health Act, 1936, as well as one for which registration had been withheld pending the completion of the recommended fire precautionary measures.

AGENCIES FOR THE SUPPLY OF NURSES

During 1965 no agencies were registered within the Administrative County.

SECTION VI—THE AMBULANCE SERVICE

As from the 1st April the newly created Greater London Council became responsible for providing the Ambulance Services required in the former Boroughs of Barking, Chingford, Dagenham, Ilford, Leyton, Romford, Walthamstow and Wanstead and Woodford, the Urban District of Hornchurch and a small part of the Urban District of Chigwell. The transfer arrangements for the Service in these districts did not present any special difficulty as the whole of this area had been served by the ambulances and men employed in Division I of the former Administrative County. The Divisional Control at Ilford and the four large stations at Becontree, Ilford, Romford and Whipps Cross, together with their vehicles and equipment, became the property of the Greater London Council and the staff employed at these establishments were transferred to that Authority.

Problems did exist, however, in respect of the fifth Ambulance Station in Division I—at Buckhurst Hill, which is situated in the new Administrative County—because part of the area served by this station was incorporated in one of the new London Boroughs and part (the reduced Urban District of Chigwell and the Urban District of Waltham Holy Cross) remained in "new" Essex. Agreement was, however, reached with the Greater London Council whereby they would act as agents of the County Council for a limited period and continue to provide ambulance cover in Chigwell and Waltham Holy Cross. In order to accomplish this, arrangements were made for the Greater London Council to have the use of the Buckhurst Hill Ambulance Station and for all the vehicles and staff employed there to be transferred to them. It was also agreed that in due course a proportion of the vehicles would be returned to the County Council. The Greater London Council also agreed to assist in certain "fringe" areas for the period of the agency—the areas served are on the border between new Essex and Greater London, e.g. parts of the Urban District of Thurrock. These arrangements have worked extremely well and have allowed time for the County Council to review the position and to introduce measures whereby the whole of the new county can be adequately and efficiently served by the County Ambulance Service.

Apart from these changes, the operational control of the County Ambulance Service continued on the same lines as previously reported and all requests for ambulance transport except those relating to the Urban District of Chigwell and Waltham Holy Cross were dealt with and all vehicle movement controlled by the Ambulance Control at Chelmsford.

The question of providing an efficient as well as an economic service and the problem of returning patients to their homes following treatment as out-patients with the minimum amount of delay has continued to receive close attention. It was decided that in addition to the transport officer already employed at Harold Wood Hospital, who was transferred to the Greater

London Council on 1st April and the General Hospital, Southend-on-Sea, a transport officer should also be appointed at the Essex County Hospital, Colchester. It was also agreed that transport officers should be appointed at St. Andrew's Hospital, Billericay and Orsett Hospital, near Grays, but these appointments had not been made by the end of 1965. These are all joint appointments, the County Council and the Hospital Management Committee sharing salary, uniform and other expenses of the officer concerned.

The effect of these appointments will continue to be carefully observed in order to determine whether this scheme should be extended still further to include other selected hospitals in the County.

Ambulance Stations

On the 13th June the Burnham-on-Crouch Agency Ambulance Station was closed and a new directly provided Ambulance Station became operational. There remains only one Agency Ambulance Station, which is provided by the Brightlingsea Ambulance Fund for the County Council. The Joint Committee of the Order of St. John and British Red Cross continue to organise and provide on behalf of the County Council a Hospital Car Service to convey sitting-case patients to out-patient clinics and other approved places.

Staff

As in previous years staff have been encouraged to obtain a first aid certificate and to take a refresher course at intervals not exceeding three years. Driver attendants continued to attend the special courses arranged for their benefit and at the end of 1965 all such personnel held current first aid qualifications recognised by the County Council. In this connection steps are being taken to encourage a still higher degree of first aid qualification for all ambulance staff.

Vehicles and Equipment

The total fleet now numbers 51 ambulances, 25 sitting case vehicles, 23 dual-purpose vehicles and six taxi-type vehicles. Of these, 74 vehicles are capable of carrying two stretcher patients, one stretcher and five sitting patients or eight sitting patients.

The policy whereby diesel-engined ambulances would be replaced by petrol-engined ambulances continued and during 1965 orders were placed for a further 12 petrol-engined vehicles.

Approximately 15 per cent. of the total number of vehicles in the Service continued to be held in reserve for use in any part of the county.

In addition three older vehicles have been retained for use as store vehicles for conveying in bulk first-aid equipment to major accidents. These vehicles although not used for operational purposes are kept in constant

readiness at all times. Another vehicle has also been retained and converted for use as a float in carnival processions and at other functions where the work of the County Ambulance Service can be demonstrated.

Further experiments were carried out during the year particularly with a view to aiding the movement of vehicles in the heavy traffic which is frequently experienced in the larger towns in the County. As a result of the introduction of the Motor Vehicles (Construction and Use) (Amendment) Regulations, 1965, which made it illegal as from the 14th June, 1965, for vehicles not belonging to an emergency service to be fitted with a gong, bell, siren or two-tone horn, it was decided that ambulance vehicles should be fitted with two-tone horns to give a more distinct warning of their approach. This warning system is in addition to the blue flashing light which is already fitted to ambulance vehicles.

The experience of ambulance crews has shown there is a danger to them from other vehicles when attending road accidents at night or when there is limited visibility and to safeguard the staff it was decided to issue them with luminous clothing.

The general repair and maintenance of vehicles continued to be dealt with by the Chief Transport Officer. Each vehicle is serviced every 2,000 miles and is taken into one of the Council's workshops for a major overhaul every 10,000 miles.

In the interest of hygiene the use of roller towels at Ambulance Stations was discontinued and continuous towels are now provided for the use of staff.

Hospitals

As a result of discussions which took place with the medical staff of Severalls Hospital, Colchester following a request made on behalf of the Hospital authorities that ambulance transport be provided to convey a team consisting of a doctor, a nurse and a social worker from the hospital to the homes of geriatric mentally ill patients in need of immediate skilled assistance and possible removal to hospital, it was agreed, subject to review, that the County Ambulance Service would provide a suitable vehicle to convey the team when required, free of charge. These facilities were used on occasions during the year.

The day patient facilities at Severalls Hospital, Colchester continued to expand and the arrangements introduced in 1964, whereby suitable patients are conveyed to and from their homes each day were continued.

Plans are being made to provide additional ambulance vehicles in 1966 to supplement the service already provided.

In earlier reports reference has been made to the arrangement whereby ambulance transport is provided to convey to the homes of patients obstetric flying squads based at selected hospitals. Following a request received from the Harlow Group Hospital Management Committee it was agreed to extend this arrangement to the conveyance of the obstetric flying squad based at the Princess Alexandra Hospital.

First Aid and Efficiency Competition

The First Aid and Efficiency Competition was held at the Colchester Ambulance Station on 22nd May when Driver Attendants L. O'Donnell and D. Allen of the Thurrock Ambulance Station were the winners. The successful team later took part in the Regional Competition of the National Association of Ambulance Officers, held at Battersea Park, London, when they were placed seventh of the eleven teams who took part.

Training of Staff

The training courses which commenced during the winter of 1961/62 were continued and included instruction in the duties of ambulance staff in both peacetime and Civil Defence duties. Commencing in the autumn of 1964, refresher courses were held at Chelmsford and such courses are now a regular feature of the ambulance service and are arranged as and when appropriate.

National Safe Driving Competition

Of the 486 driver attendants entered for the National Safe Driving Competition, organised by the Royal Society for the Prevention of Accidents, 382 were finally successful in gaining an award, 240 of whom still remain with the County Ambulance Service, the remaining 142 having been transferred to the Greater London Council.

Incidents

The County Ambulance Service continued to carry out its full functions in all weather conditions and during the year the following incidents occurred which merit special mention :—

In February a train was derailed and carriages overturned at Wickford. Casualties fortunately were light and were quickly dealt with by the Ambulance Service. A letter of appreciation was received from the Divisional Manager of the Eastern Region, British Railways.

On 29th March a train was derailed near Elm Park Station. Six ambulances were despatched and were able to deal quickly and efficiently with the 15 casualties. A letter of thanks was received from the General Manager of the Eastern Region, British Railways, together with a letter of appreciation from the North-East Metropolitan Regional Hospital Board.

On 8th April a train crash occurred at Gt. Chesterford Station. Nine ambulances were sent to the scene and were able to deal with the casualties, which were light.

On 22nd June a motor coach conveying a number of spastic children overturned into a ditch at Wrabness. One passenger who was trapped was released by ambulance staff and four casualties were conveyed to hospital.

Statistics

As a result of the changes resulting from the re-organisation of local government in Greater London, already mentioned, only details in respect of patients carried by vehicles from ambulance stations used by the "new" County Council during 1965 are shown below :—

			<i>Directly Provided Services</i>	<i>Agency Service</i>	<i>Hospital Car Service</i>	<i>Whole Service</i>
Patients conveyed	.....	1963	258,359	4,346	39,732	302,437
		1964	281,810	5,082	34,290	321,182
		1965	296,029	4,573	42,453	343,055
Mileage	.....	1963	1,910,119	48,340	732,901	2,691,360
		1964	2,052,271	51,368	666,362	2,770,001
		1965	2,129,759	39,365	785,047	2,954,171
Average mileage per patient	.....	1963	7.39	11.12	18.45	8.90
		1964	7.28	10.11	19.43	8.62
		1965	7.19	8.61	18.49	8.61

More patients were conveyed than in previous years but despite this the average mileage per patient was reduced. This can be attributed to more efficient planning by the Central Control, resulting in the more careful use of the different types of ambulance vehicles now available.

Non-emergency Cases

The total number of non-emergency patients conveyed in 1965 was 313,395 compared with 291,459 in 1964. The majority of these were taken to clinics or hospital out-patients departments.

Emergency Cases

During 1965, 29,660 emergency cases were conveyed.

Conveyance of Patients by Air

The use of Service helicopters for the emergency transport of patients in special circumstances continued and advantage was taken of these facilities on a small number of occasions.

Future Developments

The increasing road traffic, which is gradually making ambulance journeys longer to accomplish, together with the ever increasing demands being made on the service by the expansion of out-patient treatment facilities at hospitals, makes it apparent that it will be necessary to increase the establishment of vehicles and staff to deal with the problem and in this connection, as previously reported, three additional ambulance sitting-case vehicles have been brought into service primarily to convey mentally ill patients to the day hospital at Severalls Hospital, Colchester.

In addition to this, the proposals in the Development Plan for Local Health Services for the period ending 31st March, 1967, envisage the provision of small ambulance stations at Corringham/Stanford-le-Hope, Frating, Thaxted and Chelmsford.

A further facility to be provided for doctors will be the introduction of what is known as "out of area" telephones. This will enable doctors in the north-east and south-west of the county to communicate quickly with control at the cost of a local call only when requiring to discuss ambulance matters and particularly short notice non-urgent ambulance transport. All emergency requests for ambulance transport will, of course, continue to be made by dialling the appropriate emergency telephone number.

In order to ensure that the maximum use is made of manpower and vehicles, it is necessary for work to be pre-planned so far as possible and to accomplish this the Essex Local Medical Committee agreed to the introduction of a written request form, which in most cases will be completed by a family doctor when he examines a patient and handed to the patient so that he is aware that transport has been ordered and who will post the form, which is pre-addressed, to the ambulance control.

At the present time, details of the following day's work are passed by the control to ambulance stations at night, either by using the radio-telephone or telephone lines. It has now been decided, however, to link the control with each ambulance station by renting G.P.O. "Telex" equipment. This will have the advantage of reducing errors as the ambulance station will have an identical typed copy of the journey details transmitted by control and will also enable such details to be sent to the stations, whether or not the station is manned and the work load will be available for the day crews when they come on duty.

In addition, it is proposed to introduce a second radio channel in order that the county can be divided in two for the purposes of radio communication. This will relieve the volume of radio traffic on the existing single channel and enable the control staff to effect better control of vehicles and

a quicker turn round of vehicles at hospitals and clinics. One channel will provide communication for vehicles primarily operational in the north-west and western parts of the county from transmitters at Epping and Wimbish, and the other will be used in connection with vehicles operating in north-east, mid- and southern Essex with transmitters at Colchester and Langdon Hills. Each of these transmitters will be linked by Ultra High Frequency radio to transmitters at Danbury which in turn are linked to the control by land-line. The control will be able to bring any or all of the transmitters into operation as desired and will themselves have a small low power transmitter which can operate on either channel to control vehicles most likely to be working in either half of the county. These improved facilities will also ensure that an adequate radio signal is available in any part of the County.

SECTION VII—THE MENTAL HEALTH SERVICE

A review of the establishment of Mental Health Social Workers carried out during the year showed that the introduction of psychiatric social workers had been instrumental in leading to a further and marked increase in the number of mentally ill cases being referred for care upon discharge from Psychiatric Hospitals or following treatment at out-patient clinics. In addition, the number of mentally subnormal persons receiving community care also continued to rise, mainly because of the ever-increasing population in the Administrative County. In this connection it is interesting to note that in the Administrative County as it existed before the operation of the London Government Act, 1963, the number of mentally disordered persons living in their own homes, residing in hostels or boarded out in private households for whom community care was provided by the Mental Health Service rose from a total of 3,576 at the end of 1960 to 4,500 at the end of 1964, an increase of nearly 26 per cent. over a period of 4 years. The details are as follows :—

<i>Year</i>	<i>Mentally Subnormal Persons</i>		<i>Mentally Ill Persons</i>	<i>Total</i>
1960	3,575	1	3,576
1961	3,568	69	3,637
1962	3,766	217	3,983
1963	3,858	318	4,176
1964	4,131	369	4,500

In addition to the larger number of persons now requiring community care, experience has shown that (1) regular case conferences at Psychiatric Hospitals, which have followed from the closer liaison now being fostered, is very time-consuming and (2) the provision of residential care by way of hostels entails considerably more work by the field staff in dealing with the social problems of the residents.

Since the establishment of social workers employed in the Mental Health Service was reviewed in 1961, the Ministry of Health have adopted the recommendation in the Younghusband Report and have indicated that local authorities generally will need to bring their establishment of social workers in the Mental Health Services at least to the level of one whole-time officer to 20,000 residents, but the 26 whole-time posts previously authorised were equivalent to only one whole-time social worker in approximately 39,000 of the population. In order to bring the establishment up to the Ministry of Health's requirements no fewer than 25 additional posts would have been required. It was considered imperative that the establishment of social workers should be increased with a view to bringing it ultimately more into line with the Ministry's standards but owing to the lack of suitably qualified or experienced staff seven additional whole-time posts of mental welfare officer were created initially, four as from 1st April, 1966 and three (including one for the Basildon Delegatee Authority) as from 1st July, 1966 and it is proposed to review the position each year.

A similar review of the establishment of training centre staff was also undertaken in the light of increased demands on the Mental Health Service. The review dealt particularly with three aspects as follows :—

(a) General Duties Assistants

There had been growing pressure from general medical practitioners and others for younger children with greater degrees of physical and mental handicap than hitherto, to be accepted for admission to training centres, partly as a result of the very limited number of hospital beds available; similar representations had also been received from parents in order to relieve mothers of some of the physical and mental strain of caring for their mentally subnormal children with more than one handicap.

A limited number of these children were admitted to those training centres with suitable accommodation although this type of case greatly increases demands upon the time and energies of the teaching staff. It was therefore decided to create 20 posts of general duties assistant, to be filled over a period of 12 months.

(b) Coach Guides

Whilst the County Council had previously adopted the principle of employing escorts on coaches hired to convey pupils to and from training centres, on 16 of the 25 vehicles involved these duties were being carried out by the teaching staff. This state of affairs introduced anomalies in the working conditions of teaching staff and did not permit those undertaking these extraneous duties to prepare for and clear up after their class work. Furthermore, it was considered that the opportunity should be taken to regularise the hours of duty of all the teaching staff and to specify the times between which instruction and/or training should be given at Junior and Adult Training Centres (other than those providing, in the main, industrial work). Approval was accordingly obtained to the creation of 16 additional part-time posts of coach guide for duty on hired coaches serving various training centres in the Administrative County.

(c) Trainee Assistant Supervisors

Experience has shown that the arrangement reported in the Annual Report for 1964 whereby assistants at training centres were replaced by "trainees" when they resigned, had not proved entirely satisfactory for a number of reasons including the fact that these training posts were included in the staffing ratio of 1 to 10 pupils. Furthermore, it was not considered advisable for comparatively young and inexperienced staff to be left alone in charge of a class of mentally subnormal children. Approval was therefore given to the posts of Assistant Supervisor being retained on the staff establishment and six additional posts of trainee Assistant Supervisor were created.

on the staff of the Central Office of the Department. It was also agreed that up to six (in lieu of four) members of the staff of training centres should be seconded each year on approved courses of instruction of up to two years duration.

In regard to the training centre staff, one member of the staff completed the diploma course organised by the National Association for Mental Health in July and, having obtained the Diploma, was promoted to Assistant Supervisor.

Another aspect of in-service training, the provision of training seminars, instituted in 1964, was continued with a programme of 16 seminars, each being attended by six or seven members of the staff. Each seminar was conducted by Mr. D. J. Norris, Organiser of Training Centres, and dealt with a different subject of particular interest.

Residential Accommodation

In the field of residential accommodation, consideration was given to the necessity of having a member of the staff at each purpose-built hostel who could take over the running of the establishment whilst the Warden was on annual leave or absent for any other reason. Consequently approval was obtained to a post of Deputy Warden being substituted for a post of Assistant Warden at the two hostels for the subnormal. At the hostel for the mentally ill at Havengore, Stanway, a post of Deputy Warden was created as an addition to the existing staff establishment for the same reason.

Care and After-Care

Since the inception of the National Health Service, offices known as "mental health sub-offices" have been established in various parts of the county as administrative bases for area psychiatric social workers, senior mental welfare officers and mental welfare officers. The sub-offices remaining in the County after the transfers to the Greater London Boroughs had been carried out, are situated in Chelmsford, Colchester, Harlow and Rayleigh, with the subsequent establishment of the new sub-office in Thurrock. It was, however, felt that the term "sub-office" was no longer suitable in view of the much wider social work functions now being carried out from those offices and it was therefore decided that they should in future be known as "District Offices," the title to be prefixed with the area served.

The experimental scheme of discontinuing the practice of having a named mental welfare officer on duty at night and at weekends in one area of the county referred to in the 1964 Report was continued so that its effect could be observed over a longer period.

Tables are appended giving details of the number of new cases brought to notice during the year and the number receiving community care at the

end of the year, indicating the form and class of mental disorder. The table which follows shows the number of visits made by Mental Health Social Workers during the year :—

Mental Health Act, 1959—Preliminary visits ...	...	820
National Health Service Act, 1946—Community Care		
Visits ...	...	8,463
Visits in connection with patients' property ...	...	141
Visits to patients in hospital ...	...	297
Other Visits ...	...	5,894
	Total ...	15,615

Training Centres

A new Adult Training Centre providing accommodation for 100 trainees was opened in Chelmsford on 12th July. At this Centre, in accordance with the policy of the Health Committee, there is a greater emphasis on industrial work although this still occupies only about one-third of the total time of the trainees, the remainder being devoted to formal and social training and recreation and occupational activities. Initially, the contract work included such items as a terminal block assembly, bottle crate repairing, making battery trays and sorting battery parts, dismantling electronic equipment and cardboard box assembly. Whilst engaged on this industrial work, trainees are enabled to earn money for themselves on a piece-work basis.

Work was completed on the new Junior Training Centre at Clacton-on-Sea and this was brought into operation on 15th September, 1965. The new centre replaced the existing one which had previously been held in hired premises.

At Colchester, the Junior and Adult Training Centres are held in purpose-built premises, with a separate wing in each Centre and certain common facilities such as the assembly hall, boiler house and servery. Until recently, the Junior Centre provided for children under 16 years-of-age and for adult women, but in accordance with the policy of providing, so far as possible, separate facilities for children and adults, arrangements were made, at the commencement of the autumn term, for all trainees over the age of 18, male or female, to be accommodated in the Adult Centre. This enabled the Junior Centre to concentrate entirely on the training of children and the Adult Centre to specialise in the more practical training appropriate to the older trainees. It is hoped that it may be possible to increase the amount of industrial work carried out at the Adult Centres by the introduction of light work suitable for the older girls to undertake.

After prolonged negotiations, it was finally possible to agree terms for the purchase of a site at Braintree where it is eventually intended to erect a Junior and an Adult Training Centre, and a Hostel.

Negotiations were successfully concluded during the year for the hiring of premises in Harlow for use as a sheltered workshop for persons recovering from mental illness and it is hoped to bring this project into operation during 1966.

As in previous years, arrangements were made for parties of trainees from Training Centres to spend a week by the sea at a holiday camp in Kent. Three such holidays were arranged, comprising parties of children, women and men respectively.

In the report for the year 1964 reference was made to the intention to make a film of Training Centres and related activities in the Mental Health Service throughout the County. The making of this film was to be undertaken by the Health Education Organiser in consultation, where necessary, with the visual and aural aids service of the County Council's Education Department. It was not possible for this work to be commenced immediately but in the meantime current reviews showed that a number of such films about Training Centres had been produced and were available for general distribution. The matter was therefore re-considered in the light of these circumstances and it was subsequently decided that, in place of the film originally envisaged, a series of teaching films on specific technical aspects of training and care of the mentally subnormal should be made for the particular purpose of assisting in improving the teaching methods in the County Council's Training Centres and which could also be made available, at an appropriate charge, to other authorities and organisations undertaking this type of training. At the end of the year the shooting script for the first film in the series was in preparation.

Residential Accommodation

When the first hostels for the mentally disordered were established in the former Administrative County, no specific catchment areas were laid down although the hostels providing accommodation for those recovering from mental illness were to an extent linked with certain psychiatric hospitals. This presented a problem when the London Government Act, 1963, was implemented as two of the five hostels were situated within the area of the new London Borough of Havering and other accommodation in this area was in the process of being adapted for hostel use. The difficulty was referred to the Ministry of Health who determined that although these three establishments should be transferred to the London Borough, the accommodation available should be shared between the County Council and the four London Boroughs created from the former County and consequently the County Council have the prior right to use half of the places available.

A utility type vehicle was purchased to enable the Warden of the Holliwell Lodge Hostel for subnormal children to take the children on occasional outings, cinema visits, etc., and the use of this vehicle will be reviewed in due course so as to determine the desirability of making similar provision at other hostels for the subnormal.

At Eastwick House, the Hostel for subnormal women, a request was made that additional pictures should be provided in the residents' bedrooms. However, it seemed more appropriate to hostel living and training principles that the residents should be encouraged to use their own initiative by being given the opportunity to purchase items of this nature for themselves, guided as necessary by the Warden. Approval was therefore given to each resident (other than those admitted for short-term care) being given an allowance of not exceeding £1, supported from their own sources if necessary, to enable them to purchase an inexpensive ornament or picture to be hung over their beds or placed on their bedside lockers. It was also felt important that the residents should know that any such purchase is something which belongs to them, consequently it was agreed that they should be permitted, if they so wish, to take the article away with them when they leave.

It is apparent that the provision and operation of these hostels has created considerable interest both from other local health authorities and from voluntary organisations. This has resulted in numerous requests to visit the premises and all these requests have been met without undue interference with the day-to-day working of the hostels. A request was also received from the National Association for Mental Health for an overseas student attending the Association's Diploma Course to spend some time at Holliwell Lodge in order to gain some knowledge of mentally disordered children. It was anticipated that further similar requests might be received from the Association and from other similar organisations (this anticipation subsequently proved to be correct) and approval was accordingly obtained to these placements being arranged subject to the exigencies of the service and to it being shown that these facilities are necessary in connection with the particular course of study being undertaken. It was also agreed that, where it was necessary and the accommodation was available, board and lodging could be provided on condition that the students concerned gave an appropriate amount of assistance to the staff to offset the normal board and lodging charge.

Social Work Training

Following a request by the National Institute for Social Work Training for the placement of students with psychiatric social workers to supervise the field work training portion of the course for the Certificate in Social Work (the "Younghusband" Course), approval was given to such placements being made where practicable. Arrangements were also approved to enable students to be placed for short periods during their summer vacation at residential establishments for the mentally disordered and to undertake administrative placements in the central office of the Department.

Braintree and District Society for Mentally Handicapped Children

A youth club is operated by this Society during the winter months for the benefit of some 25 mentally disordered children living in Braintree and

the surrounding villages, most of whom also attend the Braintree Junior Training Centre. The Society hire accommodation for the purpose, provide transport and refreshments, and organise activities consisting of dancing, games, musical sessions, badminton and table tennis. The existence of this club has proved of benefit to the children themselves and is appreciated by parents and relatives. The Health Committee agreed to make a contribution of £50 towards the cost of the venture.

Mental Health Act, 1959—Approval of Medical Practitioners

All approvals given on behalf of the County Council as local health authority for the purpose of Section 28 of the Mental Health Act, 1959 since 1st November, 1960, expired on 31st October, 1965. All medical practitioners so approved were reminded of this provision and invited to submit application for renewal. As a result 47 such applications were approved after submission to the appropriate Members of the Advisory Panel set up for this purpose.

Hospital Admissions

Part of the duties of mental welfare officers is to assist in arranging admissions to hospital, and during the year they were concerned with 388 informal hospital admissions. They were also involved in the following admissions carried out under the compulsory procedures laid down in the Mental Health Act :—

	<i>Applications made by mental welfare officers</i>	<i>Applications made by relatives with the assistance of mental welfare officers</i>
Section 25	109	40
Section 26	52	12
Section 29	271	102

SECTION VIII—REPORT OF THE CHIEF

DENTAL OFFICER FOR 1965

This Report is the first to be made following the implementation of the London Government Act, 1963, which is referred to by the County Medical Officer of Health in his introduction. The practical results to the Dental Service are the reduction in the establishment and number of dental officers in post; the lightening of the caseload by the reduction in the number of school pupils and the number of mothers and children of pre-school age; and the number of Dental Surgeries available in the new Administrative County.

The statistical returns on page 42 are for the new County for the whole of the year, and direct comparison with previous years is thus made difficult.

The identification of the Service, through inspection of pupils on school premises, and through the health visiting staffs, with mothers and young children, makes for a ready access to these priority classes, and if sufficient dental officers were to become available they could immediately have patients on hand. Many of these are of those who would not seek preventive or early curative measures without direct invitation. The scope of the Service is comprehensive.

Liaison with other Branches of the Profession

The writer continues this part of his duties by attendance at meetings of the General Dental Council, the British Dental Association, the British Paedodontic Society, the Advisory Committee in Dental Surgery of the North-East Metropolitan Regional Hospital Board, and the Local Dental Committee of the Executive Council for Essex, amongst others. Examples of this liaison may be quoted; for instance it is not always easy for mental patients of over 16 years to get dental treatment immediately from a general dental practitioner, especially under the National Health Service Regulations. Through the good offices of the Local Dental Committee two dental practitioners have undertaken to give these patients priority in emergencies. Another general practitioner is now undertaking regular visits to Ardale School at Stifford on behalf of the Children's Committee to inspect and treat the boys under the National Health Service Regulations. There is a dental surgery available at this school.

Staff

The figures in brackets are those obtaining before April 1965.

The professional establishment is 40 dental officers (99), 8 area dental officers (14), and 1 chief dental officer (1) for a school population of nearly 165,000 (290,000). Harlow is still without an area dental officer, and the area dental officer, Mid-Essex, visits Harlow as required. Applications for sessional work from general dental practitioners are encouraged.

The staff actually in post at the end of the year, excluding the Chief Dental Officer, was 24 whole-time and 24 sessional dental officers, giving a total whole-time equivalent of 30 dental officers. In addition, 165 evening sessions were undertaken, and from the total time the equivalent of about three whole-time dental officers was made available to the Maternity and Child Welfare Service.

44 dental surgery assistants, with a total whole-time equivalent of 33, were also on the staff, and one of these was employed nearly whole-time in Dental Health Education.

It is appropriate here to mention the more important staff changes which have occurred during the year :—

Mr. P. J. Arnold, Area Dental Officer, Forest Health Area, was appointed Chief Dental Officer, London Borough of Bexley;

Mr. I. H. Masson, Area Dental Officer, South Essex Health Area, transferred to the Service of the Kent County Council;

Mr. A. D. French, was promoted from Dental Officer to Area Dental Officer, West Essex Health Area;

Mr. C. C. Grant was appointed Area Dental Officer, South-East Essex Health Area;

Last, but not least important, Mr. E. A. Hall, retired after 27-years full-time service with the Leyton Municipal Borough as Senior Dental Officer, and with the County Council as Area Dental Officer. I wish him a happy retirement.

The Aim of a Local Authority Dental Service

The staggering incidence of dental decay (more than 4 out of 5 new entrants to school need treatment) is such that all ethical measures possible should be employed to combat this most prevalent of all complaints, and the endeavours of the staff are such that children should leave school without the loss of permanent teeth, free from dental disease, and trained in the care of the teeth. They should be aware of, and enthusiastic about, the advantages of a good, natural dentition, and parents should have knowledge to pass on advice in these matters to their children by practice as well as precept. The three-fold advantages of good, natural teeth—maximum clarity of speech, maximum chewing efficiency, and a remarkably good cosmetic effect—are well worth striving for, and well worth the discipline involved.

Statistics

During the year there were about 20,000 births registered in the county. Of these only 554 mothers were examined (2·76 per cent.). There were about 40,200 children aged 3 to 5 years, and, of these, 2,834 were examined (7 per cent.). These derisory figures are acceptable only in the light of the serious general shortage of dental officers. However, a considerable number of mothers and young children attend regularly at their family dentists.

From the Table below, which gives the amount of work undertaken during 1965 per 100 patients, it will be seen that the accent is on the conservation of teeth rather than more radical treatment, and, of course, this is all to the good :—

<i>Expectant and Nursing Mothers</i>				<i>Pre-School Children</i>	
<i>Scalings</i>	<i>Fillings</i>	<i>Extractions</i>	<i>Dentures</i>	<i>Fillings</i>	<i>Extractions</i>
68	193	99	15	121	60

The full statistical return will be found on page 42.

Premises and Equipment

The Committee has 36 premises each with one surgery, and 9 with more than one surgery. The total number of surgeries available is 48, and of these 45 were actually in use. To bridge the gap until a clinic is available at Brightlingsea, arrangements have been made with a general dental practitioner to act as a sessional dental officer, using his own premises, for the time being. This arrangement is working satisfactorily.

The use of the Central Hall at Stansted has been discontinued, and, with the willing co-operation of the Headmaster, the medical inspection room at the Secondary Modern School is being equipped with material which will be readily transferable when a new clinic becomes available in the locality.

New premises were made available during the year at Mistley (for the North-East Essex Health Area)—one surgery, and at Springfield, Chelmsford (Mid-Essex Health Area)—one surgery. Both these purpose-built new premises have complete equipment, and are a credit to the Service.

Dental Ancillary Workers

The five year experiment (two years' training and three years in the field) in the usefulness to the public of a further class of ancillary dental worker, known as dental auxiliaries, is completed, and at the time of writing the report of the General Dental Council is awaited. These auxiliaries undertake the scaling and polishing of teeth, the topical application of medicaments to the teeth and gums, the extraction of primary teeth, and the insertion of simple fillings. This work is done to the prescription, and under the immediate supervision, of a registered dentist. Prior to April three such persons were employed, but were subsequently taken over by the appropriate new London Boroughs. It has been found that their strong point is the treatment of young children. If the report is favourable, then it will be suggested that several auxiliaries should be employed, especially for the treatment of pre-school children, which, at present, is the weakest link in the chain of treatment in the County.

The other class of ancillary dental worker, the dental hygienist, is trained to scale and polish teeth, and to undertake the topical application of medicaments. These ancillary workers are also trained in public speaking, and are generally found to be competent teachers in the field of Dental Health Education.

Dental Appliances

The Dental Laboratories at Barking and Walthamstow were taken over by the appropriate new London Boroughs during the year, but the Barking Laboratory continues to carry out some of the prosthetic work for the Service. Some work is also let out to private firms. The number of appliances made for school children was 122 dentures and 639 orthodontic appliances, and for expectant and nursing mothers 29 dentures were made. Of the dentures fitted for school children a large proportion were following accidents to the front teeth. It is interesting to recall that the two County Council Laboratories were approved by the National Joint Council Apprenticeship Committee for training dental apprentices as far back as 1955.

Orthodontics

Most of the time spent on this Service is for school children, but, occasionally, younger children are seen and parents advised of potential trouble. The cosmetic effect, increased masticating efficiency, and clarity of speech, resulting from the straightening of irregularly placed teeth is remarkable, and the whole outlook of a child may be improved out of all recognition. Some Consultant cover is available from the North-east Metropolitan Regional Hospital Board, the East Anglian Regional Hospital Board, and the Teaching Schools in London. 270 cases were completed during the year.

Post-Graduate Instruction

New techniques and new materials are constantly being sought to further the cause of good, painless dentistry, and so that these advances may be put into practice attendances at approved post-graduate centres are made available to the staff as needed. Some of the dental officers attended courses at the Eastman Dental Hospital, the British Dental Association and those arranged by Kodak Ltd.

General Anaesthetics

The pattern of this part of the Service follows that reported for some years past, and opportunity was given for post-graduate instruction to assistant county medical officers as was necessary. It is interesting to note that the younger the children, the more general anaesthesia is called for. During the year, in age groups 5 to 9 years, 3,711 administrations were undertaken, compared with 1,677 in the age group 10 to 14 years, and 246 for the 15's and over. This gives a total of 5,634 administrations for children of school age. In addition, 48 mothers had treatment carried out under general anaesthesia, and 494 pre-school children similarly, giving a total number of administrations for the county during the year of 6,176.

Mental Health

The Area Dental Officer, Colchester, continues to undertake inspection and treatment sessions for the children resident at Holliwell Lodge Hostel, Stanway, Colchester.

Investigation is proceeding to ascertain if there is an advantage in the use of electrically operated toothbrushes for these handicapped children. The machines are undoubtedly a help to the staff with certain cases, but as most of the children are taught to use an orthodox toothbrush, as they would at home, it is unlikely that the practice of using these electric brushes will become permanent, except for a very few cases.

Epidemiological Studies

The research team from the London Hospital continued its studies to evaluate the efficacy of fluoridated toothpaste. About 1,200 children in the County's High Schools for Girls took part in this investigation, the examinations for which were carried out in the precincts of the schools.

We were able to help the senior girls of the Colchester High School for Girls in a dental survey which they undertook early in the year. The girls showed a remarkable enthusiasm under the guidance of their biology teacher, and did some original research into the loss of teeth, and in the popularity of different brands of toothpaste. This was a very interesting experience from our point of view.

With the Committee's approval, the area dental officers and some of the health visitors in the Mid-Essex and Thurrock Health Areas have co-operated with the dental staff of the University of Liverpool in an investigation into regional differences in the feeding habits of very young children which may cause gross destruction of the teeth. Particular attention was paid to vitamin syrups. This part of the investigation has been completed, and we await the national results from Liverpool University.

Visitors to the Department

The under-mentioned visited the Department during the year, and were made welcome :—

Professor G. Slack, Head of the Children's Department of the London Hospital Dental School.

Mr. J. C. Timmis, Chief Dental Officer, Staffordshire County Council.

Mr. W. Palmer, Senior Dental Officer, Co. Kerry.

Dr. Vera Poncova, Head of the Dental Services in Czechoslovakia.

Miss E. M. Knowles, Senior Dental Officer, Ministry of Health.

Mr. A. G. Smith, Senior Dental Officer, Ministry of Health.

Dr. Rahman, from Pakistan.

Mr. J. Rodgers, Dental Officer of the Department of Education and Science.

Mr. Rodgers' visit was official, and he inspected the Dental Services of the Authority on behalf of the Secretary of the Department, and we await his report with interest.

Fluoridation of Water Supplies

I discussed this subject at some length in my Reports for 1963 and 1964, and during the last 12 months the controversy has not abated.

The Ministry of Health Circular 15/65 received on this subject refers to the advantages and safety of the measure. The Minister is prepared, *inter alia*, to indemnify a Local Authority in respect of costs and damages incurred in consequence of proceedings against them on the grounds that they have, without statutory authority, added, or made arrangements to add, a fluoride to the public water supply.

It is difficult to say why the operation, which is quite safe, relatively easy of application, and relatively cheap, should be condemned, and young people made to forego a reduction in dental decay of anything up to 50 per cent. One wonders at times if the more vociferous opponents of fluoridation have actually seen the ravages of dental decay in many young children. The combination of good mouth hygiene brought about by Dental Health Education, the fluoridation of water up to the recommended level, and more dental officers would help create, and maintain, good teeth. In the meantime the children suffer unnecessarily. One does not recall similar agitation when the Bread and Flour Regulations, 1963, became operative.

Dental Health Education

It is axiomatic that prevention is better than cure. Indeed, this is the basis of the Medical and Dental Services which operate under the aegis of the County Council. It would be a good thing if instruction in the control of dental disease by good eating habits, were to have a regular place in the school curriculum, and also in the instruction given at health visitors' ante-natal classes, and in this respect midwives could also help. In Essex some real progress has already been made towards this end.

I make no apology for repeating the four simple Rules which are taught in the Dental Health classes, both at schools and Clinics :—

- (1) Eat nourishing meals and nothing sweet or sticky in between;
- (2) Finish meals with raw fruit or vegetables or rinse the mouth with water;
- (3) Brush teeth and gums regularly after breakfast and always last thing at night;
- (4) Have regular dental inspections.

The cost of the National Health Dental Service is now running at about £60,000,000 per annum, and to this should be added the cost of the Regional Hospital Board Services, the money spent in the Teaching Hospitals, and the Local Authority Services. This sum takes no account of the time lost in school and industry, and no account of the misery attendant upon this, the most prevalent of human afflictions. One of the tragedies is the fact that a lot of this is preventable. If a comprehensive Dental Health Education programme were made available, more dental officers made available, and the fluoridation of water supplies undertaken, then the dental picture could be completely altered in one generation.

The campaign in Harlow is now finished, and the final inspections are due. Follow-up work will be continued indefinitely, for if this side of the work were neglected no permanent good would come of the original efforts. Any extension of this work will mean a further dental health teacher in the form of, perhaps, a dental hygienist or auxiliary worker.

It is appropriate here to thank the staffs of the Harlow schools, the Divisional Education Office and the Health Area Office, and this is done gratefully. Their ready co-operation has been a great help, and may be cited as an example of what one would like, but does not always get.

The daytime instruction in the Harlow schools has been augmented by attendances at parent teacher meetings, and other meetings of various types, and also at the health visitors' ante-natal classes.

With some years of experience now behind us, it has been agreed to initiate another campaign, this time at the schools in the Chigwell area: indeed at the time of writing the Head Teachers have given their support, and the Divisional Education Officer, the Area Medical Officer and the Area Dental Officer are already co-operating in this matter. In fact, the first Dental Health Week has already been arranged, and will take place at the Hereward Infant and Junior County Primary Schools at Chigwell, and a start has also been made with ante-natal instruction in the clinics.

The 14 minute colour/sound film on the activities in Harlow is now in use. As well as being shown in the county, it has also been lent to several other Local Authorities, and the General Dental Council is showing it in several places in Northern Ireland to help initiate Dental Health projects over there. Currently, a copy is on extended loan in South Africa.

Toothbrushes at cost price are still on sale at the dental clinics.

Dental Health was a subject again covered at a Health Department display at the Essex Show, Great Leighs, and an interesting feature was a working model of a fluoridation plant made in transparent perspex. We are indebted to the Department of the Government Chemist for the loan of this model.

Dental Health Education was also carried out, by invitation, at the County Primary Schools at Great Easton and Takeley, and at both these, evening parent-teacher meetings were held. A women's meeting in the Chelmsford area also had a visit from us following an invitation, and films of dental interest were shown throughout the county on very many occasions. Health Education in all its forms is a long term policy, and immediate, spectacular results should not, as a rule, be looked for.

Conclusion

The more one becomes acquainted with the Dental Services, which are an obligation on the Local Authority, the more one is convinced of the need to continue them. We tend to get many patients who would not seek treatment except for the relief of pain, and many of these, especially children, are converted and become regular attenders at our clinics. Some of these are a source of great satisfaction to the staff. As I have suggested previously, the Service, with its close co-operation with school teachers and health visitors, is fundamentally one of instruction, to be followed up by offers of treatment. In this context the Service should go ahead by leaps and bounds, but it is a matter for regret and concern that the staffing situation, for various reasons, makes it impossible to take advantage of these most favourable conditions to further this very important cause.

J. BYROM

APPENDIX I

THE EPPING JAUNDICE

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BRITISH MEDICAL JOURNAL*

Early in February 1965 one of the medical students attached to St. Margaret's Hospital, Epping, reported sick with a history of severe upper abdominal pain of two days' duration followed by mild jaundice. At about the same time a woman anaesthetist married to a local general practitioner presented with similar symptoms. Soon after this several other cases appeared with jaundice, some with pain, others with discomfort, and it became apparent that these were not cases of biliary obstruction or of infectious hepatitis.

The general practitioners in the area were asked to report similar cases, and it was soon obvious that a local outbreak of jaundice was occurring which did not conform to any known clinical picture.

Clinical Presentation

Patients presented in three ways. The commonest form had an acute onset with severe intermittent pain in the upper abdomen and lower chest, mainly towards the right side. This could be severe and last from 24 to 36 hours, after which it was often noted that the motions were pale and the urine was dark. During the next four to five days these patients improved but still felt unwell, and then many of them became pyrexial with 'flu-like generalized aches and pains, rigors, and increasing jaundice. On examination the liver was enlarged and tender, occasionally reaching 3-4 in. (7.5-10 cm.) below the costal margin. The spleen was never palpable. This condition lasted a few days and was followed by general improvement, the liver becoming smaller and less tender, though the jaundice persisted in many cases for weeks, with pruritus nearly always present during the whole period. Despite being jaundiced the patients now felt better and had a good appetite but were not really well for some considerable time.

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Other cases, often in the families of those described above, had only vague initial symptoms of upper abdominal discomfort, not severe enough to seek medical attention. About a week later, however, these too developed pyrexia, generalized aches, and increasing jaundice similar to the second phase in those previously described. On the whole jaundice persisted longer in these patients.

The third and least common type of onset was in elderly patients who, when first seen, had severe jaundice but gave a history of only minimal preceding symptoms. The liver in these patients was often greatly enlarged but was rarely tender on palpation.

Incidence and Clinical Findings

We have records of 84 persons who were affected by the disease. None of them had any relevant drug history prior to the illness. In 50 the onset was acute with fairly severe colicky pain of the type described, 29 had the more insidious onset, and only five presented with severe jaundice and minimal preceding symptoms. Fifty-seven of these patients were more fully investigated.

The degree of jaundice varied considerably. The highest serum bilirubin in the series was 29.3 mg./100 ml. The jaundice was usually much milder, however, and 35 patients had serum bilirubin levels under 5 mg./100 ml., 14 between 5 and 10 mg./100 ml., and only three had values of 20 mg./100 ml. or more. All the patients showed some rise in the serum alkaline phosphatase level, the highest being 84.5 K.A. units/100 ml., 22 having values between 20 and 30 K.A. units/100 ml., and 23 being below 20 K.A. units/100 ml. The thymol turbidity test was normal in all cases. The serum glutamic oxaloacetic transaminase level was invariably raised, in most instances to between 40 and 50 Karmen units, and took some time to settle to normal. Occasionally values of over 200 Karmen units were obtained early in the disease, while a few cases showed a secondary peak during recovery.

Needle biopsy of the liver was performed in four cases within two to three weeks of the onset of symptoms. All the biopsies showed cellular infiltration and cholestasis. There was evidence of damage both to the liver parenchyma and to the biliary tree. In two cases cholangitis was apparent. These findings were unique and differed from those produced by known infective, toxic, or therapeutic agents in man. A detailed description of the cases and biopsy findings will be published separately (Kopelman, Scheuer, and Williams, 1966).

At first an infective basis for the disease was suspected and investigations were instituted with this in mind. The Paul-Bunnell test was performed on 12 patients and was negative, as was the *Brucella abortus* agglutination test on 13. The results of investigations for the presence of enterovirus in stools from 15 patients carried out by Dr. Y. E. Cossart, of the Virus Reference Laboratory, were also negative. In view of an outbreak of fascioliasis in Hampshire (Facey

and Marsden, 1960) nine patients' stools were examined for liver-fluke ova. None was found. This was confirmed by Dr. D. S. Ridley, of the Hospital for Tropical Diseases, who also obtained negative results from the fasciola complement-fixation test on six sera. The leptospira agglutination test was negative in four sera examined by Dr. L. H. Turner, of the Leptospirosis Reference Laboratory.

All but two patients recovered completely after jaundice of from two to several weeks, the liver-function tests returning to normal. These two patients had persistent severe jaundice after three months but subsequently showed signs of rapid improvement.

Epidemiology

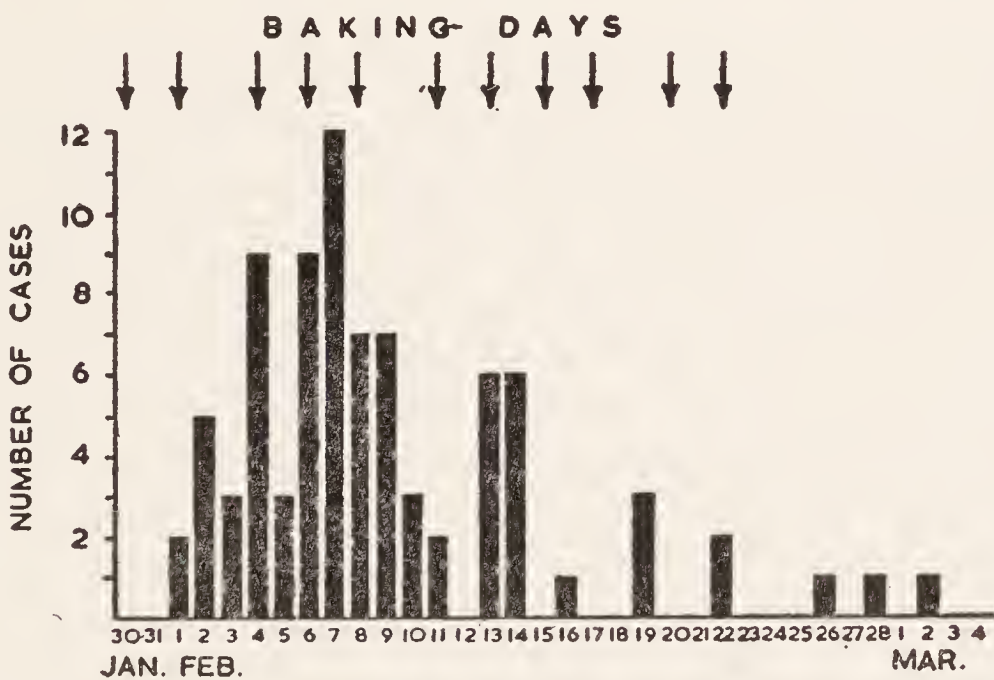
It was soon apparent that not only was the disease itself uncommon but it was showing an unusual choice of victim and a restricted geographical area of occurrence. Thus it mainly affected adults, including a high proportion of pairs such as husband and wife or mother and daughter living together. A large proportion of patients belonged to the professional class, and members of a pair often fell ill within a short time of each other. The first cases were reported from Epping and the immediate neighbourhood, but subsequently a number came to light in Ongar, seven miles to the east, and in places within easy reach of these two towns.

The medical student, who was the first to present with the disease, was obviously an important lead, since his attachment to St. Margaret's Hospital began on 1st February, 1965, and he developed symptoms on 5th February during a week-end spent at his home in Harrow. His wife subsequently became jaundiced, her symptoms having been more insidious at the start. The only connexion established between her and Epping was a loaf of wholemeal bread, purchased by the husband and taken home by him, which both had eaten. As bread is so rarely responsible for food-poisoning this clue was not pursued at first, and other diseases with short incubation periods and acute pain, such as Coxsackie virus infection, were considered. Subsequently the sister-in-charge of the ward in which several affected patients were being nursed was herself affected by the disease. Careful questioning showed that she too had eaten similar wholemeal bread. Direct questioning of all the other patients in hospital or ill at home with similar symptoms, revealed that all those known to be affected had eaten this same type of bread.

Inquiry showed that this particular wholemeal bread was produced by an Epping bakery, and immediately the baking of this bread was suspended and all unused flour and unsold loaves were removed. Up to this time 27 loaves a week had been baked, and some of these were sold in a branch shop in Ongar. It was a type of coarse brown bread eaten mainly by those who had acquired a taste for it; children seldom liked it. These features fitted well with the known distribution of the jaundice.

Two small pieces of the suspected bread were recovered from patients' homes, and, to establish that it contained a substance capable of producing liver damage, six young male white mice were fed *ad lib* on a diet consisting entirely of some of this bread and water for periods of two to ten days. The remainder of the bread was sent for chemical analysis. One mouse was killed and examined on the second day and subsequently one on each following second day. Two similar mice were used as controls, and, having been fed on ordinary white bread, were killed after 10 and 35 days. The group of mice fed on the suspected bread developed hepatic lesions consisting of small foci of liver-cell necrosis, round-cell infiltration of the portal tracts, and early biliary duct hyperplasia. The livers of the control animals were not affected.

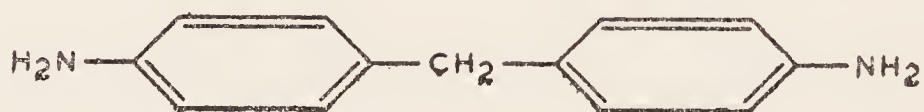
Originally a chemical cause for the jaundice was considered as well as infective agents, but now chemical contamination of the flour was urgently investigated. In the mill from which this flour came all wheat is ground in the same way, no matter for what purpose the flour is intended, but, for this particular wholemeal, bran and other substances are added and the mixture is distributed under a trade name to bakers throughout the country. Since inquiries to the medical officers of health of other areas where flour of the same batch was delivered revealed no other outbreak, it was concluded that only the flour delivered to the Epping bakers was contaminated. The incidence of cases (see Chart) shows that the first symptom of the disease was noted in two instances on 1st February and that the greatest number of cases occurred between 4th and 10th February. A bag of the wholemeal was received at the bakery on 21st January, but was not used immediately as there was about a week's supply in stock. This bag of meal was subsequently tipped into a bin and baking began just prior to the appearance of the first cases. It seemed likely that the contaminant was maximal in the portion at the top of the bin (the bottom of the sack) and diminished as the meal was subsequently used.



Incidence of cases on the days of onset of symptoms. An average of nine quartern loaves were baked on the days shown by arrows.

Several close inspections of the bakery showed that no contamination had occurred there; similarly, it was established that there had been no contamination prior to the dispatch of the meal from the distributor. Attention was directed, therefore, to the transport of the sack of flour to the bakery. It had been conveyed by a firm of general carriers, together with miscellaneous other goods. A list of these carried on 21st January and on the preceding 10 days was obtained, and it was found that on each of these days the van carried articles from a large chemical manufacturing company. Many different chemicals were involved and it took a considerable time to obtain a complete list of them. Both carrier and chemical firm could not at first ascertain whether any of the packages had been damaged. Subsequently, after persistent inquiry, it was learned that on the day the flour was transported, 21st January, a plastic jar containing a liquid had fallen and the cap had come off, spilling the contents in the van. Although two paper bags holding other goods were seen to be wet and stained and were returned to the sender, it was not noticed that the hessian flour-bag was affected in any way. It should be remembered that the sack of flour was retained in the warm bakery for about a week before being opened, allowing ample time for the liquid to be absorbed by the flour and for the sack to dry.

The substance which was spilled was a hardener for epoxy resin consisting of 4,4'-diaminodiphenylmethane, an aromatic amine, dissolved in butyrolactone.



The pure amine, recrystallized from benzene, consists of pale yellow crystals (melting-point 93°C). Its chemical properties are typical of the aromatic amines. The free base is almost insoluble in water but readily dissolves in a trace of acid.

While clinical and epidemiological inquiries were proceeding some of the unused wholemeal, samples of the unsold loaves, and small portions of bread recovered from patients with the disease had been sent for analysis to a public analyst and to the M.R.C. Toxicology Research Unit at Carshalton. Dr. J. H. Hamence, the public analyst for Epping, was able to exclude contamination with seeds of weeds of the Compositae family and alkaloids derived from these, metallic poisons including arsenic, and agricultural pesticides. He found, however, a small amount of an unidentified base, not normally present in brown loaves. Simultaneously, Dr. Regina Schoental, of the M.R.C. unit, had extracted the affected bread with methanol, removed the solvent *in vacuo*, and obtained a yellow deposit. This substance, suspended in alcohol and given to two white mice by stomach-tube, caused liver changes among other toxic manifestations. Another portion of the extract examined by paper chromatography with butanol acetic acid as solvent produced a spot staining brownish-blue with ninhydrin. When samples of the hardener were sent to the two laboratories it

was confirmed by both that it was identical with the unknown constituent present in the bread. Dr. Hamence estimated that the sample of wholemeal bread contained 0.26% of the amine when the moisture content of the bread sample was 11.5%. The sample of meal contained only 13 parts per million, 1/200th of that in the bread. The meal was, however, that taken from the bottom of the bin, while the bread had been prepared from that taken near the top.

This substance darkens considerably on exposure to light, as was noted in the chromatographic spot originally obtained from the suspected bread. The bread being brown in colour, any such change was not noticed. One person is known to have tasted the bread and to have spat it out, saying it was bitter and unpleasant. He did not develop the disease.

Discussion

Jaundice due to drugs and toxic substances has in recent years become of increasing frequency and importance. The presenting features of the Epping jaundice did not follow any known pattern of disease due to these causes. The severe upper abdominal pain, sometimes occurring only hours after eating the contaminated bread, simulated biliary obstruction, and the rise in serum alkaline phosphatase and persistent pruritus further supported this diagnosis. The needle liver biopsies, however, showed unique historical appearances with hepatocellular damage, cholestasis, and cholangitis. Jaundice due to chlorpromazine most closely resembles this clinical and histological picture (Cook and Sherlock, 1965), but the onset, course, and histology of the disease in this outbreak were essentially different.

Outbreaks of chemical food-poisoning are much less common than those due to bacterial agents, and bread has rarely been the vehicle for either. Sapeika (1952) and Watt and Beyer-Brandwijk (1962) reported an outbreak of food-poisoning in South Africa due to alkaloids of senecio seeds (Compositae family) contaminating bread. The ever-widening use of chemicals in agriculture has increased the risk of grain becoming affected. Fungicidal agents used for seed-dressing have been responsible for outbreaks of poisoning in Turkey, Iraq, and Pakistan, where grain intended for planting found its way into bakeries and private households (Schmid, 1960; Jalili and Abbasi, 1961; Haq, 1963). El-Din Mustafa (1960) described an outbreak of chemical food-poisoning which affected 257 persons and was caused by an organophosphorus insecticide, parathion, which had accidentally contaminated bread, probably during its preparation. In this country Davies and Lewis (1956) described an outbreak of food-poisoning due to bread made from flour contaminated with endrin, another insecticide. This incident is similar to the Epping outbreak inasmuch as the flour became contaminated in transit, though in this case from the floor of a railway truck in which the toxic agent had spilled some days before the flour was carried.

There has been no previous record of human poisoning with 4,4'-diaminodiphenylmethane. It is noteworthy that the manufacturers supplied the information that while their material is of low toxicity to small rodents it produces liver and kidney damage when administered to dogs and cats in fairly high dosage and can be absorbed through the skin of rabbits when dissolved in suitable solvents. Impairment of hepatic function was observed in cats on daily oral doses of as little as 3 mg./kg.

Our findings may be at variance with those of the makers regarding small rodents, but our experiments to date have been concerned only with early changes after feeding small amounts for a short period. The mice have shown hepatic changes similar to, but not identical with, those seen in the human biopsy specimens. There is evidence to suggest that these changes are reversible. A fuller account of these mouse experiments is in preparation. It is of interest that Zylberszac (1951) described "la cirrhose hépatique" occurring in rats given implantations of this aromatic amine. Though this product has been produced and used for many years, no toxic effects have been described in human beings so far as can be ascertained. Scott (1962) states that no cases of chronic liver damage due to exposure of workpeople to aromatic amines have yet been reported from a factory anywhere in the world, but the liver could possibly be involved if very heavy exposure induced acute poisoning. This is extremely rare. He gives the warning that more information is required on the effect of aromatic amines on the human liver before one can dismiss the possibility of chronic hepatic damage in heavily exposed workmen.

Summary

An outbreak of jaundice occurred in the Epping district of Essex in February 1965. Eighty-four persons are known to have been affected and the clinical presentation, investigations, and course of the disease are briefly described. Liver biopsy showed unique histological features.

All those affected had eaten wholemeal bread made at an Epping bakery. A sack of flour from which the wholemeal bread was made had been delivered to the bakery in the same van as that used on the same day for transporting a plastic jar containing 4,4'-diaminodiphenylmethane, which was found to have been spilt in the van.

Investigations leading to the identification of this substance in the bread are briefly described.

In addition to the people mentioned in the text we are grateful especially to the general practitioners of Epping and Ongar for their help and co-operation; to Drs. R. Williams and P. Scheuer, of the Royal Free Hospital, for assistance with the liver biopsies; to Dr. I. M. Tuck and Mr. J. E. S. Whitney, of Epping, for help and advice; and to the laboratory staff of St. Margaret's Hospital for technical work.

We also wish to record our appreciation of the full assistance afforded us by all the firms and organizations involved.

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APPENDIX II

A Commentary by the Principal Medical Officer for Mental Health

A look backwards over the last five years reveals some interesting aspects of the ways in which mental health services have developed. The effects of the Mental Health Act, 1959, and the wide provisions made by the County Council should be coupled together to obtain a view of the position as it exists in Essex. In this contribution to the Annual Report, I shall aim to raise some points of special interest and importance, rather than set down a detailed and comprehensive account of the mental health service in the County, as this appears elsewhere in the Report and my intention is that this contribution shall be complementary to it.

On the social work side of the mental health service, the rapid expansion of personnel has raised two particular problems. Accommodation becomes cramped and the search for more is often difficult. Most social workers share an office with other colleagues, though where possible an interviewing room is available for seeing clients privately, and this provision is particularly borne in mind when new District Office accommodation is being planned. The establishment structure for social work staff in each District Office is designed to allow casework supervision by a senior psychiatric social worker for less experienced workers. There is no doubt that this skilled supervision is a very necessary part of any fully functioning social work service.

The increase in personnel has emphasised the need for training staff and the forthcoming project on the evaluation of the two types of social work education in Great Britain, due to be undertaken next year by Dr. Milton Wittman, and sponsored by the Department of Social Science and Administration at the London School of Economics, will be awaited with interest. We anticipate having the opportunity to participate in this inquiry. It is clear that mental health social work is very much at an emerging stage, with some aspects still ill-defined, and it is likely that the next few years will see a number of developments of a fundamental kind.

The hostels for the mentally disordered in Essex present several interesting facets. Recruitment of staff, which has been found to be a great problem in some parts of the country, has not as yet proved to be in Essex more than occasionally difficult with shortages of assistant wardens and domestic staff. The hostels for the mentally ill are good examples of the effectiveness of combining a flexible policy regarding admission of residents with a very active co-operation and integration with the mental hospitals concerned. This is enhanced by the orientation of the referring psychiatrists who accept the hostel wardens and the social workers concerned very fully into their case conferences, especially those held prior to discharge of patients who are potential residents. There has thus been a good selection of residents, with all interested parties participating, and this has resulted in a satisfactory re-integration into the community of the hostel population.

Experience in the field of hostels for mentally subnormal children has clearly shown the advantages, for everyone, of a dynamic programme of child care and play therapy coupled with great flexibility of admission requirements. The admission of doubtful cases for trial periods has proved to be very useful and likely to benefit the individual child. This flexible approach has also meant that whilst some children can be resident on a 5-day week basis with frequent weekends spent at home, others can be resident indefinitely or, on the other hand, for short term care.

The hostel for adult subnormals has pointed to problems of a long stay nature as many of the residents seem unlikely to find a home apart from the hostel. The need for further hostels for adult subnormals is clear and these should, if possible, have training centre and sheltered work facilities conveniently nearby.

Training centre development has carried with it two particular points of interest and importance. There is, firstly, a need to increase the provision of appropriate adult centre facilities as the number of adult trainees builds up. Such a centre should provide not only sheltered work of suitable kinds, but educational, recreational and social facilities also.

Secondly, the problems posed by the emergence of special care units attached to junior training centres are of great interest. There is, inevitably, an overlap with what might be called hospital nursing care in these units and this is, in my opinion, a clear indication that joint arrangements with the hospital service have much to be commended. Special care units staff require special training and this is under active consideration at the present time. A final problem to be mentioned is the question of the care of the adult special care case; I think this has yet to be determined in the light of experience gained from various pilot schemes.

The first sheltered workshop for the mentally ill in Essex is due to start in 1966 in Harlow. It will be a very interesting development as it is being run entirely by the Local Health Authority, though the closest co-operation is being received from the psychiatrists and hospital social workers in the area.

The emergence of social clubs for the mentally disordered has always seemed to me to depend on such factors as the enthusiasm of the one or two people wishing to run a particular club, the amount of interest locally in the community and the participation of various local voluntary organisations. With the right combination of these factors, clubs can develop along very beneficial lines so long as there exists skilled supervision of club activities and members and close liaison with and, if possible, active participation by, the staff of local psychiatric hospitals or hospitals for the subnormal.

The Mental Health Act incorporated a good deal of new terminology, some of which, I feel, is destined eventually to be discarded as obsolete due to stigmatic associations. A particularly unhappy term is "subnormality"; it has already come under criticism in the medical press and is not used inter-

nationally. Whilst we are, of course, committed to its use legally, it is common to find in practice otherwise that alternative terms like mental retardation or handicap are much more acceptable.

The age-old stigmata which have surrounded mental abnormality become more sophisticated as knowledge grows, but the deeply-rooted anxieties and fears of people resolve only slowly. One force which helps with this resolution is that of public attitudes. It is of some importance therefore that when assessing the reaction of a local community to a new hostel or training centre appearing in its midst, one finds that whilst sometimes there is reserve and even open antagonism initially, there is usually subsequent acceptance and then active interest in the building, and particularly in those who use it. The experience in Essex, of a rapid acceptance by and integration with the local community, is encouraging. Undoubtedly an important factor in this has been the efforts of the staff concerned to forge good liaison links in their neighbourhoods. Another encouraging indication of a positive attitude amongst the public is the reasonably high number of very good applicants who are being attracted to trainee posts in mental health social work and teaching of the mentally handicapped in training centres.

We are still in the shaking-down period of the New Look in Mental Health and the speed with which developments have occurred is a reflection of the great amount of activity by both statutory and voluntary bodies. This, in itself, is a powerful force which can influence public opinion, by which I mean the amount of understanding and interest in the community on the one hand, against the lingering fears and ignorance on the other.

M. E. YORK-MOORE

TABLE I—POPULATION, BIRTHS, DEATHS AND ANNUAL RATES, 1965

Health Area and County District	Acreage	Estimated mid-year population	Estimated Net Migration	Live Births No.	Rate*	Deaths No.	Rate*	Infant Deaths No.	Rate†	Stillbirths	Deaths under 1 week	Perinatal Mortality Rate‡
Harwich B.	1,497	14,170	— 97	258	18.2	141	10.0	9	35	6	5	42
Brightlingsea U.	2,852	5,480	341	118	21.5	89	16.2	3	25	1	1	17
Clacton U.	6,429	32,550	1,942	480	14.7	652	20.2	15	31	6	8	29
Frinton and Walton U.	6,293	11,150	442	134	12.0	196	17.6	1	7	—	—	—
Halstead U.	1,235	6,690	12	126	18.8	98	14.6	2	16	4	1	38
West Mersea U.	2,680	3,320	68	53	16.0	51	15.4	1	19	—	1	19
Wivenhoe U.	1,493	3,830	143	90	23.5	33	8.6	2	22	5	2	74
Halstead R.	76,631	17,020	360	278	16.3	238	14.0	3	11	5	1	21
Lexden and Winstree R.	66,587	25,920	365	556	21.5	381	14.7	7	13	8	6	25
Tendring R.	66,132	26,240	433	411	15.7	394	15.0	4	10	9	3	29
North-East Essex	231,829	146,370	4,009	2,504	17.1	2,273	15.5	47	19	44	28	28
Chelmsford B.	4,772	53,730	89	1,159	21.6	438	8.2	13	11	13	7	17
Maldon B.	4,809	11,630	264	219	18.8	183	15.7	4	18	1	1	9
Braintree and Bocking U.	6,812	21,270	122	386	18.1	298	14.0	3	8	2	3	13
Brentwood U.	18,269	55,610	1,079	919	16.5	618	11.1	11	12	10	6	17
Burnham-on-Crouch U.	5,352	4,410	75	79	17.9	54	12.2	2	25	—	1	13
Witham U.	7,329	10,660	343	223	20.9	96	9.0	4	18	3	1	18
Braintree R.	59,243	24,200	105	415	17.1	230	9.5	6	14	5	3	19
Chelmsford R.	86,506	56,010	1,672	1,115	19.9	607	10.8	23	21	19	10	26
Maldon R.	78,507	17,640	419	339	19.2	208	11.8	10	29	2	6	23
Mid-Essex	271,599	255,160	4,168	4,854	19.0	2,732	10.7	76	16	55	38	19
Benfleet U.	6,371	40,890	1,634	909	22.2	393	9.6	13	14	6	6	13
Canvey Island U.	4,421	20,400	832	434	21.3	216	10.6	3	7	4	2	14
Rayleigh U.	5,706	23,030	1,003	430	18.7	203	8.8	6	14	8	3	25
Rochford R.	36,099	36,260	686	871	24.0	437	12.1	10	11	14	8	25
South-East Essex	52,597	120,580	4,155	2,644	21.9	1,249	10.4	32	12	32	19	19
Saffron Walden B.	7,502	8,910	221	170	19.1	131	14.7	2	12	3	2	29
Chigwell U.	8,771	55,940	94	716	12.8	470	8.4	10	14	11	4	21
Epping U.	1,488	10,470	24	160	15.3	84	8.0	3	19	3	3	37
Waltham Holy Cross U.	10,958	12,540	— 11	270	21.5	109	8.7	8	30	4	6	36
Dunmow R.	72,807	22,420	296	431	19.2	207	9.2	12	28	5	8	30
Epping and Ongar R.	75,763	40,470	487	802	19.8	319	7.9	6	7	13	2	18
Saffron Walden R.	78,223	18,550	19	306	16.5	185	10.0	4	13	7	4	35
West Essex	255,512	169,300	1,130	2,855	16.9	1,505	8.9	45	16	46	29	26
Harlow U.	6,324	66,260	1,507	1,477	22.3	264	4.0	23	16	15	11	17
Thurrock U.	40,552	119,780	158	2,171	18.1	939	7.8	42	19	26	21	21
Basildon U.	27,139	107,480	2,841	2,280	21.2	751	7.0	46	20	32	33	28
Colchester B.	12,011	69,920	1,100	1,311	18.8	781	11.2	32	24	19	19	29
ADMINISTRATIVE COUNTY	897,563	1,054,850	19,068	20,096	19.1	10,494	9.9	343	17.1	269	198	22.9

* per 1,000 estimated population

‡ per 1,000 live births

† per 1,000 total births

TABLE II—CAUSES OF DEATH BY AGE, 1965

	Males									Females								
	0-	15-	25-	35-	45-	55-	65-	75-	Total	0-	15-	25-	35-	45-	55-	65-	75-	Total
1. Tuberculosis—respiratory	1	—	1	1	3	3	4	5	18	—	—	—	2	1	1	4	2	10
2. Tuberculosis—other	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	—	4
3. Syphilitic disease	—	1	—	—	1	2	3	3	10	—	—	—	—	—	2	2	2	6
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	1	—	—	3	—	—	—	—	1	—	—	—	1
6. Meningococcal infections	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	2	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	7	—	—	1	1	3	1	2	15	1	—	—	1	3	—	—	—	6
10. Malignant neoplasm, stomach	—	—	—	4	13	31	43	47	138	—	—	1	1	4	16	25	43	90
11. Malignant neoplasm, lung and bronchus	—	1	2	5	53	148	135	73	417	—	1	1	5	10	21	20	17	75
12. Malignant neoplasm, breast	—	—	—	—	—	1	1	—	2	—	—	5	18	32	45	46	44	190
13. Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	—	3	14	16	15	19	67
14. Other malignant and lymphatic neoplasms	6	7	6	17	65	104	181	191	577	6	2	9	23	39	97	134	165	475
15. Leukaemia and aleukaemia	12	—	3	2	4	3	8	2	34	2	1	1	1	2	3	3	9	22
16. Diabetes	—	1	—	—	2	6	7	11	27	—	—	—	2	—	3	7	18	25
17. Vascular lesions of nervous system	2	3	5	7	17	65	192	363	654	—	—	4	7	16	58	195	641	921
18. Coronary disease, angina	—	—	4	40	114	295	447	437	1,337	1	—	1	1	15	82	260	454	814
19. Hypertension with heart disease	—	—	—	2	2	12	18	24	56	—	—	—	—	—	8	24	45	77
20. Other heart disease	2	1	2	9	10	38	82	213	357	3	1	2	9	20	34	101	453	623
21. Other circulatory disease	—	—	2	2	14	33	63	104	218	—	1	1	5	9	21	53	171	261
22. Influenza	2	—	—	—	1	1	3	21	28	28	1	—	—	1	14	64	287	406
23. Pneumonia	36	4	—	3	5	28	72	218	366	5	—	—	—	4	16	28	65	118
24. Bronchitis	6	1	1	3	11	44	131	149	346	2	—	—	—	1	2	4	19	28
25. Other diseases of respiratory system	2	—	1	1	5	12	15	28	64	—	—	—	—	1	—	5	18	24
26. Ulcer of stomach and duodenum	—	—	1	3	3	9	17	17	50	—	—	—	—	1	—	8	18	35
27. Gastritis, enteritis and diarrhoea	1	—	—	1	—	2	6	5	15	6	1	—	—	1	1	7	9	21
28. Nephritis and nephrosis	1	2	—	1	3	9	5	6	27	—	—	—	—	—	—	—	—	—
29. Hyperplasia of prostate	—	—	—	—	—	2	13	28	43	—	—	2	—	—	—	—	—	2
30. Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	47	4	—	—	2	6	1	1	61
31. Congenital malformations	60	—	—	1	4	3	4	—	72	76	3	6	12	26	39	84	186	432
32. Other defined and ill-defined diseases	114	8	5	13	27	47	61	94	369	1	9	2	5	2	6	6	7	38
33. Motor vehicle accidents	11	33	11	6	13	14	6	9	103	6	1	1	4	3	4	11	60	90
34. All other accidents	14	6	5	4	8	6	5	20	68	—	3	2	5	7	16	7	10	50
35. Suicide	—	2	5	8	10	8	10	5	48	—	—	—	—	—	—	—	—	—
36. Homicide and operations of war	3	—	—	—	—	—	—	—	3	1	—	—	—	—	—	—	—	1
All causes	283	71	54	132	389	930	1,533	2,075	5,467	185	28	41	108	226	518	1,129	2,792	5,027
All causes 1964	258	65	59	149	357	966	1,430	1,913	5,197	191	35	38	134	249	500	1,130	2,648	4,925
All causes 1963	250	70	67	131	372	912	1,510	2,163	5,477	183	27	57	108	208	558	1,217	2,816	5,174

TABLE III—DEATHS BY AGE IN HEALTH AREAS AND COUNTY DISTRICTS, 1965

Health Area and County District	MALES												FEMALES												GRAND TOTAL
	Under 4 wks.	4 wks. -1 yr.	1-	5-	15-	25-	35-	45-	55-	65-	75-	All ages	Under 4 wks.	4 wks. -1 yr.	1-	5-	15-	25-	35-	45-	55-	65-	75-	All ages	
Harwich B.	3	1	—	1	2	—	1	3	9	30	27	77	3	2	1	—	—	—	1	4	5	12	36	64	141
Brightlingsea U.	1	—	—	—	1	—	—	2	8	18	20	50	—	2	—	—	—	1	—	2	4	6	24	39	89
Clacton U.	5	5	—	1	1	—	2	9	49	121	138	331	4	1	—	—	1	1	9	25	89	190	321	652	
Frinton and Walton U.	—	1	—	—	1	—	—	4	19	25	42	92	—	—	—	1	—	—	2	11	30	58	104	196	
Halstead U.	1	—	1	1	—	—	—	5	9	15	17	49	—	1	—	—	—	—	4	5	8	31	49	98	
West Mersea U.	—	—	—	—	—	—	2	2	4	6	16	30	1	—	—	—	—	—	2	5	2	11	21	51	
Wivenhoe U.	1	—	—	—	1	—	—	2	3	4	7	18	1	—	—	—	—	—	1	4	3	6	15	33	
Halstead R.	1	1	1	—	—	—	3	5	23	36	62	132	—	1	—	1	—	1	3	5	9	19	67	106	
Lexden and Winstree R.	3	1	2	—	4	1	2	7	29	47	90	186	3	—	1	1	1	3	2	4	24	40	116	195	
Tendring R.	1	—	—	1	6	1	1	18	31	70	84	213	2	1	—	—	1	1	1	3	18	43	111	181	
North-East Essex	16	9	4	4	16	2	11	57	184	372	503	1,178	14	8	2	3	3	7	10	36	110	252	650	1,095	
Chelmsford B.	7	3	—	1	2	2	4	19	58	61	82	239	1	2	1	—	2	1	2	16	19	48	107	199	
Maldon B.	—	—	—	—	1	—	1	4	11	19	49	85	1	3	—	—	—	1	3	2	24	64	98	183	
Braintree and Bocking U.	3	—	1	—	2	4	5	11	35	40	62	163	—	—	—	1	1	1	2	4	20	29	77	135	
Brentwood U.	5	2	6	1	2	2	4	25	45	79	118	289	3	1	3	1	—	1	8	13	35	66	198	329	
Burnham-on-Crouch U.	1	—	—	—	—	—	—	1	7	6	16	31	1	—	—	—	—	—	1	2	3	16	23	54	
Witham U.	3	1	2	—	—	1	4	5	9	12	21	58	—	—	—	—	—	2	1	4	6	25	38	96	
Braintree R.	5	—	—	1	2	5	1	8	22	37	46	127	1	—	—	—	1	—	1	4	13	23	60	103	
Chelmsford R.	8	2	2	5	1	3	4	19	51	88	106	289	6	7	1	1	1	3	19	32	61	184	318	607	
Maldon R.	4	1	—	—	1	1	2	4	19	33	49	114	3	2	—	1	2	1	—	1	9	28	47	94	
Mid-Essex	36	9	11	8	11	18	25	96	257	375	549	1,395	16	15	5	4	7	7	19	62	136	288	778	1,337	
Benfleet U.	5	2	1	1	4	2	5	18	25	59	65	187	3	3	—	1	3	4	5	11	23	39	114	206	
Canvey Island U.	2	1	1	—	1	4	5	9	16	47	41	127	—	—	1	—	1	1	1	5	10	30	40	89	
Rayleigh U.	1	1	1	2	—	—	1	9	21	30	33	99	3	1	1	—	1	—	1	3	10	28	56	104	
Rochford R.	6	—	1	—	—	—	7	6	26	57	83	186	3	1	1	—	—	2	7	6	15	48	168	251	
South-East Essex	14	4	4	3	5	6	18	42	88	193	222	599	9	5	3	1	5	7	14	25	58	145	378	650	
Saffron Walden B.	2	—	1	—	—	1	1	1	7	22	29	64	—	—	1	1	—	—	4	5	10	46	67	131	
Chigwell U.	6	1	—	—	8	1	6	19	51	60	94	246	2	1	1	1	2	—	11	15	20	51	120	224	
Epping U.	—	—	—	1	—	1	1	3	11	8	15	40	3	—	1	—	—	—	2	7	12	19	44	84	
Waltham Holy Cross U.	4	2	—	2	1	—	1	2	11	19	15	57	2	—	—	—	—	2	2	5	14	27	52	109	
Dunmow R.	5	2	2	3	1	2	5	4	14	20	53	111	4	1	1	1	1	5	2	12	15	54	96	207	
Epping and Ongar R.	—	2	2	4	4	1	8	16	35	40	58	170	3	1	1	—	1	3	3	5	17	28	87	149	
Saffron Walden R.	3	—	2	—	—	1	—	2	11	29	43	91	1	—	—	—	—	—	1	3	4	24	61	94	
West Essex	20	7	7	10	14	7	22	47	140	198	307	779	15	3	5	3	4	3	22	33	70	154	414	726	
Harlow U.	9	7	4	1	2	2	9	19	23	39	37	152	4	3	2	—	1	3	11	7	12	24	45	112	
Thurrock U.	17	9	4	6	13	6	19	55	95	140	155	519	9	7	1	6	7	1	15	33	49	102	190	420	
Basildon U.	16	7	8	3	6	7	16	38	74	103	136	414	20	3	5	—	1	9	7	16	38	82	156	337	
Colchester B.	12	8	1	5	4	6	12	35	69	113	166	431	7	5	2	—	—	4	10	14	45	82	181	350	
ADMINISTRATIVE COUNTY	140	60	43	40	71	54	132	389	930	1,533	2,075	5,467	94	49	25	17	28	41	108	226	518	1,129	2,792	5,027	

TABLE IV—CAUSES OF DEATH BY HEALTH AREAS AND COUNTY DISTRICTS, 1965

Health Area or County District	Tuberculosis	Syphilitic disease	Other infective and parasitic diseases*	Malignant neo- plasm, stomach	Malignant neo- plasm, lung and bronchus	Malignant neo- plasm, breast	Malignant neo- plasm, uterus	Other malignant and lymphatic neoplasms	Leukaemia and leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease angina	Hypertension with heart disease	Other heart disease	Other circula- tory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy childbirth abortion	Conceivational malformations	Other diseases and homicide	Motor vehicle accidents	All other accidents	Suicide	All causes
Harwich B	—	—	—	3	7	1	1	12	—	1	30	30	2	22	4	—	2	6	2	2	—	—	—	—	4	10	1	—	1	141
Brightlingsea U	—	—	1	1	3	2	2	14	—	—	10	20	4	7	6	—	5	5	1	1	—	—	—	8	4	—	—	1	89	
Clacton U	1	—	1	12	29	11	1	55	—	3	144	142	5	67	27	2	32	35	9	2	—	—	—	1	7	—	6	5	652	
Frinton & Walton U	1	—	1	2	13	4	1	20	—	—	42	50	1	21	9	—	7	7	—	—	—	—	—	1	6	—	1	1	196	
Halstead U	—	—	—	4	9	2	—	8	—	1	9	9	1	3	—	—	4	2	—	2	—	—	—	—	5	2	1	—	51	
West Mersea U	—	—	—	4	—	1	—	7	—	—	9	6	1	3	1	1	—	—	—	—	—	—	—	—	3	1	1	—	33	
Wivenhoe U	—	—	—	1	1	1	—	3	—	—	9	6	1	3	1	1	16	10	4	4	—	2	—	—	1	15	2	4	—	238
Halstead R	—	—	—	7	10	3	1	20	2	4	33	61	1	24	13	1	27	22	2	2	4	2	1	—	3	42	4	2	3	381
Lexden and Winstree R	2	—	—	13	16	3	3	48	1	5	56	54	3	47	17	6	27	22	2	2	4	—	—	1	28	7	5	2	394	
Tendring R	—	1	—	2	12	9	3	37	2	5	110	74	3	39	13	2	22	8	2	2	—	—	—	—	—	—	—	—	—	—
North-East Essex	5	1	3	49	100	37	12	224	10	20	461	468	23	246	94	15	117	96	20	15	6	9	5	—	20	160	22	22	13	2,773
Chelmsford B	2	1	1	6	28	8	3	47	—	4	42	100	7	26	30	3	38	15	6	6	2	1	4	—	6	38	3	8	3	438
Maldon B	—	—	—	5	7	4	—	14	1	2	41	23	—	12	14	9	23	8	5	1	1	—	—	—	1	8	1	2	1	183
Braintree & Bocking U	3	—	2	6	15	7	1	31	1	2	35	67	1	20	14	4	32	12	1	1	1	4	2	1	3	16	8	7	9	298
Brentwood U	2	3	—	10	16	13	2	52	6	6	58	86	9	145	48	1	47	32	4	4	1	1	3	—	5	40	7	9	8	618
Burnham-on-Crouch U	—	—	—	1	—	—	—	7	—	—	13	8	—	6	1	—	2	3	—	1	—	1	1	—	4	10	1	2	—	96
Witham U	—	1	1	6	7	2	—	7	—	—	13	12	1	9	3	—	8	4	1	—	1	3	1	—	4	20	6	3	3	230
Braintree R	1	—	1	9	12	2	1	25	2	1	29	40	10	21	13	3	16	12	4	1	7	1	2	—	8	48	3	12	7	607
Chelmsford R	1	—	2	13	25	10	3	64	1	4	75	118	6	60	31	3	71	21	5	2	1	1	—	5	14	5	4	1	208	
Maldon R	—	—	—	4	8	5	5	22	2	2	34	38	—	15	9	1	16	7	2	1	—	—	—	—	—	—	—	—	—	—
Mid-Essex	9	5	7	59	119	51	15	269	13	21	340	492	35	314	163	24	253	114	28	17	14	15	13	1	34	198	34	49	26	2,732
Benfleet U	2	—	—	12	20	11	4	41	3	4	66	71	2	37	20	—	15	18	6	3	2	—	3	—	6	27	5	7	8	393
Canvey Island U	—	—	—	5	13	3	—	32	—	—	34	59	—	14	4	—	9	12	3	4	3	—	—	—	1	14	2	3	1	216
Rayleigh U	2	—	—	7	7	4	1	18	2	2	38	49	2	14	9	3	9	12	—	—	2	—	—	—	2	13	3	3	1	203
Rochford R	4	1	1	7	13	5	3	49	—	3	124	96	3	21	9	—	25	18	3	4	2	1	2	—	3	33	1	5	1	437
South-East Essex	8	1	1	31	53	23	8	140	5	9	262	275	7	86	42	3	58	60	12	11	9	1	5	—	12	87	11	18	11	1,249
Saffron Walden B.	1	—	2	2	2	3	—	9	2	—	8	27	2	8	6	2	34	5	—	—	1	—	—	—	1	11	1	3	1	131
Chigwell U	1	1	2	13	26	8	6	52	—	4	68	93	12	33	15	2	33	25	4	4	3	2	1	—	7	34	7	8	6	470
Epping U	—	—	—	2	5	1	—	9	1	1	14	25	—	3	2	—	5	4	—	—	2	—	—	—	2	5	1	1	—	84
Waltham Holy Cross U	—	—	—	2	7	3	—	9	—	—	18	28	—	7	4	—	5	5	—	1	—	—	—	—	1	12	1	5	—	109
Dunmow R	—	—	1	5	6	1	—	18	3	3	28	50	—	13	11	1	13	8	2	2	3	1	2	—	3	23	4	4	2	207
Epping & Ongar R	1	—	2	12	23	3	2	29	4	3	44	59	6	38	10	—	17	15	3	3	—	3	1	—	6	20	7	5	3	319
Saffron Walden R	2	—	1	1	8	4	2	18	—	4	32	35	3	17	14	1	13	4	—	2	—	—	2	—	1	15	1	2	3	185
West Essex	5	1	8	37	77	23	10	144	10	15	212	317	24	119	62	6	120	66	9	12	9	6	7	—	21	120	22	28	15	1,505
Harlow U	—	1	1	3	16	8	3	31	1	1	26	61	—	11	9	—	17	12	3	2	1	1	3	—	12	28	5	1	7	264
Thurrock U.	2	4	2	19	46	22	11	89	7	10	86	181	15	76	54	2	80	65	10	3	5	6	4	—	9	83	24	18	6	939
Basildon U	1	—	2	19	49	15	2	81	4	1	85	174	19	54	31	—	58	19	6	7	6	5	3	—	14	60	17	9	10	751
Colchester B	2	3	3	11	32	13	6	74	6	5	103	183	10	74	24	2	69	32	4	7	—	5	3	1	11	69	6	13	10	781
ADMINISTRATIVE COUNTY	32	16	27	228	492	192	67	1,052	56	82	1,575	2,151	133	980	479	52	772	464	92	74	50	48	43	2	133	805	141	158	98	10,494

* Including 4 deaths from meningococcal infection and 2 from measles.

TABLE V—INFECTIOUS AND OTHER NOTIFIABLE DISEASES, 1965

Health Area and County District	Scarlet fever	Whooping cough	Measles	Acute pneumonia	Tuberculosis respiratory	Tuberculosis meninges and C.N.S.	Tuberculosis other	Meningococcal infection	Dysentery	Ophthalmia neonatorum	Puerperal pyrexia	Erysipelas	Food poisoning	Infective hepatitis	Others †	Total
Harwich B.	26	—	116	4	—	—	1	—	—	—	—	—	—	—	—	—
Brightlingsea U.	—	—	131	—	—	—	—	—	—	—	—	—	3	37	—	187
Clacton U.	5	8	261	—	1	—	—	—	—	—	1	—	—	—	—	132
Frinton & Walton U.	5	9	145	2	2	—	1	—	—	—	—	3	27	—	—	306
Halstead U.	—	—	121	—	2	—	—	—	—	—	—	—	—	—	—	163
West Mersea U.	—	4	56	—	—	—	—	—	—	—	—	—	—	—	—	123
Wivenhoe U.	1	—	106	—	—	—	—	—	—	—	—	—	—	—	—	60
Halstead R.	20	1	300	1	4	—	—	—	—	—	—	—	—	—	—	107
Lexden & Winstree R.	24	26	648	27	3	—	—	—	—	—	—	—	—	—	1	327
Tendring R.	24	7	235	6	7	—	—	—	24	—	1	4	—	1	—	734
North-East Essex	105	55	2,119	40	19	—	2	—	24	—	2	9	31	45	1	2,452
Chelmsford B.	44	11	753	4	6	—	—	—	11	—	2	—	—	1	1	833
Maldon B.	—	1	29	2	2	—	2	—	1	—	—	—	—	—	—	37
Braintree & Bocking U.	19	1	455	—	6	—	—	—	—	—	—	—	1	—	—	483
Brentwood U.	35	13	542	9	12	—	3	—	5	—	—	1	4	—	1	625
Burnham-on-Crouch U.	—	8	39	2	1	—	—	—	—	—	—	—	—	—	—	51
Witham U.	—	4	32	—	4	—	—	—	—	—	—	1	—	—	—	41
Braintree R.	9	5	274	—	6	—	1	—	—	—	—	—	—	—	—	295
Chelmsford R.	27	19	926	3	11	—	—	—	2	—	4	—	10	1	1	1,004
Maldon R.	4	23	230	4	1	—	—	—	—	—	1	2	—	17	—	283
Mid-Essex	138	85	3,280	24	49	—	7	—	19	—	7	4	15	20	4	3,652
Benfleet U.	18	7	864	1	13	—	2	—	—	—	—	4	—	5	—	914
Canvey Island U.	101	28	579	—	3	1	1	—	11	—	1	2	2	27	—	756
Rayleigh U.	25	3	270	55	2	—	1	—	—	—	—	2	2	6	—	366
Rochford R.	28	—	370	8	6	—	2	—	3	—	104	2	4	15	—	542
South-East Essex	172	38	2,083	64	24	1	6	—	14	—	105	10	8	53	—	2,578
Saffron Walden B.	—	1	58	—	2	—	—	—	12	—	—	—	1	—	—	74
Chigwell U.	29	16	880	2	11	—	3	—	4	—	1	1	2	*	2	951
Epping U.	3	3	250	—	2	—	1	—	6	—	—	—	2	—	—	267
Waltham Holy Cross U.	30	4	82	—	2	—	—	—	—	—	—	—	—	*	—	118
Dunmow R.	3	13	383	3	1	—	—	—	6	—	—	—	6	—	—	415
Epping & Ongar R.	13	7	552	1	12	—	1	—	27	—	—	1	11	28	1	654
Saffron Walden R.	9	14	288	9	—	—	1	—	7	—	1	4	6	2	—	341
West Essex	87	58	2,493	15	30	—	6	—	62	—	2	6	28	30	3	2,820
Harlow U.	113	45	1,897	17	26	—	3	1	34	—	18	3	16	53	1	2,227
Thurrock U.	75	20	1,577	42	38	—	3	1	—	—	9	4	—	—	2	1,771
Basildon U.	105	24	1,816	8	11	1	1	1	4	2	40	2	—	9	—	2,024
Colchester B.	71	68	1,020	10	12	1	2	1	35	1	5	3	1	20	2	1,252
ADMINISTRATIVE COUNTY	866	393	16,285	220	209	3	30	4	192	3	188	41	99	230	13	18,776

† Malaria 5, typhoid fever 3, paratyphoid fever 1, acute encephalitis—infective 2, post-infectious 2

* Infective hepatitis is not notifiable in Chigwell U. and Waltham Holy Cross U.

TABLE VI—NUMBER OF PATIENTS REFERRED DURING THE YEAR ENDED 31ST DECEMBER, 1965

REFERRED BY	MENTALLY ILL						PSYCHOPATHIC						SUBNORMAL						SEVERELY SUBNORMAL						TOTAL SUBNORMAL AND SEVERELY SUBNORMAL						GRAND TOTAL OF COLS. (1)-(16) (19)															
	Under age 16			16 and over			Under age 16			16 and over			Under age 16			16 and over			Under age 16			16 and over			Under age 16			16 and over																		
	M	F	(2)	M	F	(3)	M	F	(4)	M	F	(5)	M	F	(6)	M	F	(7)	M	F	(8)	M	F	(9)	M	F	(10)	M	F	(11)		M	F	(12)	M	F	(13)	M	F	(14)	M	F	(15)	M	F	(16)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)																											
General practitioners	—	—	19	29	—	—	—	—	—	—	2	2	—	1	2	1	2	1	1	1	7	56																								
Hospitals, on discharge from in-patient treatment	1	—	53	94	—	—	1	—	—	1	16	2	1	2	2	3	4	23	176																											
Hospitals, after or during out-patient or day treatment	—	—	18	36	—	—	1	—	1	—	3	1	—	—	—	—	1	4	60																											
Local education authorities	—	—	—	—	—	—	—	—	29	24	19	28	41	25	—	1	119	48	167																											
Police and courts.....	—	—	3	5	—	—	—	—	—	—	2	—	—	—	—	—	—	2	10																											
Other sources	—	—	12	17	—	—	—	—	2	2	12	15	10	9	2	3	23	32	84																											
Total	1	—	105	181	—	—	2	—	32	27	54	48	52	37	6	8	148	116	553																											

TABLE VII—NUMBER OF PATIENTS RECEIVING COMMUNITY CARE ON 31st DECEMBER, 1965

	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTAL SUBNORMAL AND SEVERELY SUBNORMAL		GRAND TOTAL OF COLS. (1)-(16)
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)		(19)
Total number ...	—	—	269	412	—	—	1	2	75	54	574	547	207	161	254	276	497	1,651	2,832
Attending day training centre ...	—	—	2	1	—	—	—	—	51	35	63	68	139	99	86	105	324	322	649
Awaiting entry thereto ...	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	3	—	3
Resident in L.A. home/hostel ...	—	—	10	14	—	—	—	—	5	2	9	15	6	5	5	10	18	39	81
Awaiting residence in L.A. home/hostel ...	—	—	—	—	—	—	—	—	1	—	—	1	3	—	19	10	4	30	34
Resident at L.A. expense in other residential homes/hostels ...	—	—	8	6	—	—	—	—	—	—	3	—	—	1	—	—	1	3	18
Resident at L.A. expense by boarding out in private household ...	—	—	—	—	—	—	—	—	1	2	1	1	—	5	3	8	8	13	21
Receiving home visits and not included under (b) to (e):—																			
suitable to attend									5	3	2	3	12	7	1	6	27	12	39
a training centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

RURAL HOUSING
TABLE VIII—PROGRESS DURING 1965

UNFIT DWELLING-HOUSES DEMOLISHED CLOSED OR REPAIRED DURING 1965 (1)				RURAL DISTRICT COUNCIL											
Houses in or adjoining Clearance Areas		Housing Act, 1957	(i) Houses demolished		Braintree (2)	Chelmsford (3)	Dunmow (4)	Epping and Ongar (5)	Halshead (6)	Leaden and Winstree (7)	Malden (8)	Rochford (9)	Saffron Walden (10)	Tendring (11)	Totals (12)
Persons displaced from houses to be demolished					7	—	—	—	—	—	—	—	1	—	8
(ii) Houses demolished as a result of formal or informal action Persons displaced from houses to be demolished					22	28	17	13	28	12	12	17	7	13	169
(iii) Houses closed in pursuance of closing orders or undertakings Persons displaced					8	—	16	28	46	5	8	—	—	16	127
(iv) Houses demolished as a result of formal or informal action Persons displaced from houses to be demolished					6	—	10	6	—	19	9	—	22	3	75
Houses not in or adjoining Clearance Areas		Public Health Acts	(iii) Houses closed in pursuance of closing orders or undertakings Persons displaced		10	—	4	18	16	11	9	2	63	—	133
Houses in or adjoining Clearance Areas			(iv) Unfit houses made fit and houses in which defects were remedied		9	3	16	—	29	2	—	1	16	—	76
Houses not in or adjoining Clearance Areas			(a) After formal notice by Local Authority		By Owner		By Local Authority		—	—	—	—	—	—	—
Houses in or adjoining Clearance Areas			(b) After determination of a demolition order		—	—	—	8	—	4	—	5	—	3	20
Houses not in or adjoining Clearance Areas			(c) After determination of a closing order		—	—	—	—	—	—	—	—	—	2	2
Houses in or adjoining Clearance Areas		Hsg or P. Health Acts	(d) After modification or revocation of a clearance order		—	—	—	—	—	—	—	5	—	5	
Houses not in or adjoining Clearance Areas			(e) After formal notice		—	46	—	—	—	4	—	—	—	50	
Houses in or adjoining Clearance Areas			(f) After informal action by Local Authority		By Owner		By Local Authority		—	—	—	—	—	—	—
Houses not in or adjoining Clearance Areas			(b) After determination of a closing order		—	—	—	—	—	—	—	—	—	2	2
Houses in or adjoining Clearance Areas			(d) After modification or revocation of a clearance order		—	—	—	—	—	—	—	—	5	—	5
Houses not in or adjoining Clearance Areas		(e) After formal notice		—	46	—	—	—	—	4	—	—	—	50	
Houses in or adjoining Clearance Areas		(f) After informal action by Local Authority		64	9	15	82	167	269	122	7	21	74	830	
(a) Total number of houses demolished or closed since 1/1/56 (totalled from returns)					370	183	470	194	339	376	201	224	331	333	
(b) Local Authority's estimate of number of houses remaining unfit for human habitation					295	55	156	110	526	100	163	—	128	220	
(c) Period of years considered necessary by L.A. for dealing with (b)					4	3	5	4	5	2	5	—	5	10	

NOTE.—The Rochford R.D.C. have no fixed slum clearance programme.

TABLE IX—HOUSING IMPROVEMENT GRANTS, 1965

	HOUSING (FINANCIAL PROVISIONS) ACT, 1958				HOUSE PURCHASE AND HOUSING ACT, 1959	
	Applications Received		Applications Approved		Applications Approved	
	Dwellings Concerned		No. of Dwellings (4)	Amount of grant decided to be paid during year (5)	Number of Dwellings in applications approved during year (7)	Grants paid during year
	Conversions (2)	Improvements (3)				
Rural Districts						
(1)						
Braintree	2	30	32	10,824	23	4,314
Chelmsford	3	52	69	17,954	47	5,570
Dunmow	2	19	31	11,139	23	2,785
Epping & Ongar	—	12	12	4,573	85	9,601
Halstead	1	14	15	4,706	15	1,480
Lexden & Winstree	—	19	19	7,287	80	10,644
Maldon	8	51	62	20,561	19	2,596
Rochford	—	1	—	—	31	4,030
Saffron Walden	—	23	23	7,965	20	2,818
Tendring	—	20	20	5,900	67	7,640
TOTALS	16	241	283	90,909	410	51,478
						344

RURAL HOUSING

Table X—Dwelling-Houses erected during 1965 and Council House Applicants

Rural District Council	No. of houses erected during the year ended 31st December, 1965		No. of applicants on waiting list for Council houses at 31st December, 1965, who are in urgent need of housing accommodation
	By the Council	By Private Enterprise	
Braintree	58 (28)	174 (132)	200 (189)
Chelmsford	135 (144)	676 (628)	260 (300)
Dunmow	54 (38)	130 (203)	60 (60)
Epping and Ongar	42 (35)	315 (334)	300 (350)
Halstead	33 (16)	143 (184)	100 (100)
Lexden and Winstree	31 (81)	373 (562)	175 (356)
Maldon	18 (6)	274 (272)	11 (13)
Rochford	47 (29)	542 (560)	103 (149)
Saffron Walden	19 (38)	122 (112)	182 (175)
Tendring	28 (8)	300 (295)	300 (18)
Totals	465 (423)	3,049 (3,282)	1,691 (1,710)

TABLE XI—SEWERAGE SCHEMES AND SEWAGE DISPOSAL—PROGRESS REPORT

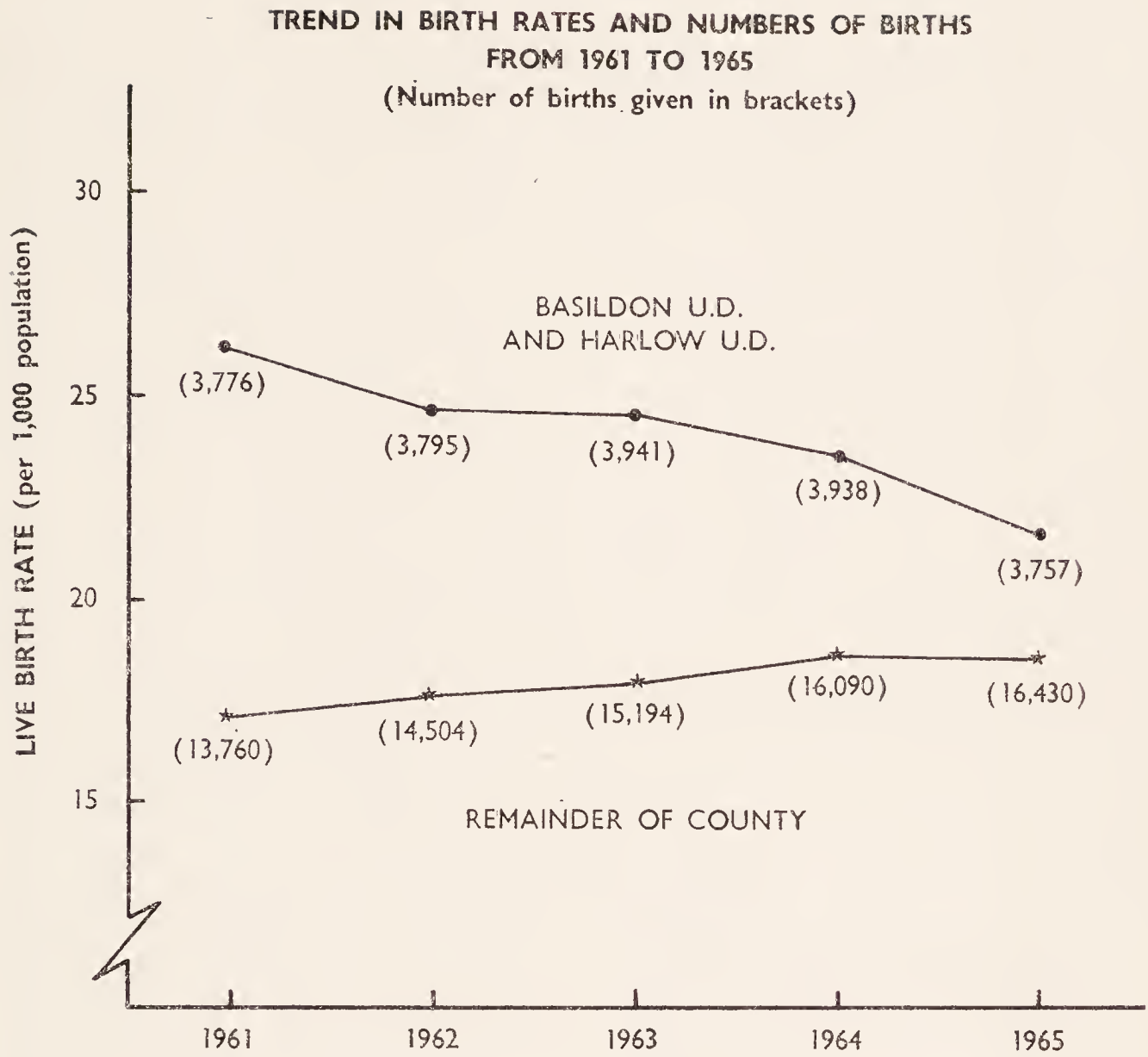
District Council	Schemes completed in 1963	Schemes completed in 1964	Schemes completed in 1965	Schemes under construction 31.12.1965 and % completed	Parishes in which Schemes are anticipated to commence in 1966	Parishes likely to be sewered 1967/68
Braintree R.D.	Nil	Nil	Nil	Cornish Hall End—80% Terling and Hatfield Peverel, Contract No. 1 (Terling)—50%	Hatfield Peverel and Terling Contract No. 2	Gt. Saling and Shalford Bradwell and Stisted Coggeshall and Kelvedon Rayne and Panfield White Notley (Sewage Works enlargement)
Chelmsford R.D.	Ingatestone relief sewer	Danbury and other Parishes Scheme (Danbury, Little Baddow, Sandon, Boreham)	Pleshey Good Easter	Woodham Ferrers — 80%	Bicknacre (Woodham Ferrers)	East Hanningfield Roxwell (Works Extensions) West Hanningfield River Wid Scheme (Ingatestone, Mountnessing, Stock and Margaretting) Ramsden Heath and Downham (South Hanningfield) Writtle (Reconstructions) Highwood Gt. Leighs Ford End and Howe St. (Gt. Waltham) Chignal Smealey Rettendon (Bell P.H. area)
Dunmow R.D.	Hatfield Broad Oak and Hatfield Heath	Great Easton and Dutton Hill	Broxted	Nil	Gt. Dunmow, Barnston and Felsted (Lower Chelmer Valley) Leaden Roding and Margaret Roding	Nil
Epping and Ongar R.D.	Matching Green and Beauchamp Roding Moreton (including new works) Manor Road, Lambourne	Kelvedon Hatch	Stondon Sewerage Scheme	Extensions to Swallows Cross Sewage Disposal Works—2% Roydon — Connection to Trunk Sewer — 20%	Nazeing Sewage Disposal Works Epping Green Sewage Disposal Works Lambourne — Hillmans Cottages	Stanford Rivers—Sewage Disposal Works Thornwood—Sewage Disposal Works Theydon Bois—Sewage Disposal Works Roydon—East End Sewerage Scheme
Halstead R.D.	Toppesfield	Colne Engaine (main contract)	Ridgewell Colne Engaine (extension of sewage disposal works)	Nil	Foxearth Extensions at Earls Colne and Gosfield	Belchamp St. Paul Sturmer Steeple Bumpstead (Extensions) Helions Bumpstead (combined scheme for 3 villages) Extension of works, etc. at Sible Hedingham
Leaden and Winstree R.D.	Eight Ash Green (Choats Corner to Star Inn) Aldham Church and Gallows Green	Copford and Marks Tey Chappel and Wakes Colne	Wakes Colne Green	Gt. Horkesley—99% Tiptree and Messing—40% Gt. Tey Extensions — 5%	Salcott and Virley Laver-de-la-Haye Dedham Heath Easthorpe	Birch and Laver Breton Hardy's Green, Birch. Abberton, Peldon, Fingringhoe and East Donyland Wormingford Copford Extensions

TABLE XI—continued

District Council	Schemes completed in 1963	Schemes completed in 1964	Schemes completed in 1965	Schemes under construction 31.12.1965 and % completed	Parishes in which Schemes are anticipated to commence in 1966	Parishes likely to be sewered 1967/68
Maldon R.D.	Nil	Great Totham and Wickham Bishops	Tillingham and Dengie Woodham Walter	Langford—80%	Althorne and Mayland Latchingdon, Cold Norton, Mundon and Stow Maries Bradwell-on-Sea	Tolleshunt D'Arcy Tolleshunt Knights Steeple Lt. Totham and Tolleshunt Major
Rochford R.D.	Hullbridge — Stage II The Walk, Hullbridge	Rochford Hospital Sewerage Scheme Part II Paglesham Sewerage and Sewage Disposal Scheme Hockley Relief Sewer Rochford Relief Sewer Drainage facilities, part of Mount Bovers Lane, Hawkwell (completed under Section 19, Public Health Act)	Greensward Lane Sewer Extension Silchester Corner, Gt. Wakering	Nil	East End Paglesham —Sewers and Treatment Works Stambridge Sewer Extension Barling Magna Sewer Extension Sutton—Sewers and Pumping Station Foulness Island Great Wakering Sewage Works and Sewers	Ashingdon—Sewers and Pumping Station
Saffron Walden R.D.	Birchanger (West side)	Nil	Nil	Nil	Littlebury Chesterford Debden Gt. Sampford Hempstead Elmdon Newport (new works) Farnham (Pumping to Manuden) Langley (Upper Green)	Radwinter Arkesden Wicken Bonhunt Hadstock Lt. Chesterford Elsenham Ugley Widdington Chrishall
Tendring R.D.	Western Area (covering Elmstead, Alresford, Thorington and Gt. Bentley) Weeley S.D.W. (Aeration ditch)	Parkeston (Interim Scheme, pumping screened sewage to sea) Gt. Bentley Sewer extension, Sturrick Lane	Great Oakley—Gravity Sewers, rising mains and 3 Pumping Stations St. Osyth, Phase III—Gravity sewers, rising mains and 2 Pumping Stations	St. Osyth Sewage Treatment Works—95% Gt. Bromley Sewage Treatment Works—5% Little Clacton, Sewer extensions in Amerells Road and Feverills Road	Nil	Northern Area: Bradfield Mistley Manningtree Lawford Ardleigh (Sewage Treatment Works, Gravity Sewers, Rising Mains and Pumping Stations) Weeley (Weeley Heath and remainder of Village Area)—Gravity Sewers Thorpe (Extension of existing works, Extension Pig Street) Gt. Bromley (Sewer Extensions—Hare Green and Balls Green)

TABLE XII

Figure 1



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